

Tax Computation	47	Amount from line 46 (adjusted gross income)	47		
	If you itemize deductions, enter sub-totals below:				
	48	Medical and dental expenses	48		
	49	Taxes	49		
	50	Interest expenses	50		
	51	Contributions	51		
	52	Casualty loss	52		
	53	Miscellaneous deductions	53		
	54	Net adoption expenses	54		
	58	Total itemized deductions Add lines 48 through 54	58		
Credits	59	Enter larger of total itemized from line 58 or standard deduction (\$1,290 if box checked on line 1 or 3 \$2,580 if box checked on line 2, 4 or 5)	59		
	60	Taxable income. Subtract line 59 from line 47	60		
	61	Tax. Use the amount on line 60 to find your tax from ☐ Tax Table or ☐ Schedule G or G-1 (540)	61		
	62	Amount of exemption credits. Enter amount from line 9, page 1, here	62		
	63	Credit for the elderly	63		
	64	Credit for child and dependent care expenses (attach FTB 3805X)	64		
	65	Special low income credit	65		
	66	"Other State" net income tax credit	66		
	67	Agricultural irrigation equipment tax credit	67		
	68	Jobs tax credit	68		
Other Taxes	69	Pollution abatement equipment credit	69		
	70	Water Conservation Credit	70		
	77	Total credits. Add lines 62 through 70	77		
	78	Balance. Subtract line 77 from line 61 and enter difference (but not less than zero)	78		
	79	Minimum tax on preference income	79		
	80	Tax on an IRA	80		
	81	Tax on a Keogh (HR 10)	81		
	82	Total tax on IRA and Keogh. Add lines 80 and 81	82		
	85	Total tax liability. Add lines 78, 79 and 82	85		
	Payments Attach Form(s) W-2 and W-2P to front.	86	Total California income tax withheld	86	
87		1980 California estimated tax payments and credit from 1979 return; and Filing extension payment	87		
88		Renter's credit—(attach Schedule H (540)) (see instructions for line 88)	88		
89		Excess Calif. SDI tax withheld (see instructions for line 89)	89		
90		Solar energy credit	90a		
92		Total. Add lines 86 through 90	92		
93		If line 92 is larger than line 85 enter amount OVERPAID	93		
94		Amount of line 93 to be REFUNDED TO YOU	94		
95		Amount of line 93 to be credited to 1981 estimated tax	95		
Refund		Mail return to: Franchise Tax Board, P.O. Box 13-540, Sacramento, CA 95813			
	96	If line 85 is larger than line 92 enter BALANCE DUE . Attach check or money order for the full amount made payable to "Franchise Tax Board." Write your social security number on your check or money order. Mail return to: Franchise Tax Board, Sacramento, CA 95867	96		
	97	Late return and late payment (see instructions for line 97)	97		
	98	Underpayment of estimated tax (see instructions for line 98) Check ☐ if Form 5805 (5805F) is attached.	98		
	99	To reduce state printing cost, if you and your tax preparer do not need State income tax forms and instructions mailed to you next year, see instructions for Step 6 and check box.	99	☐	
	Balance Due				
Penalty and Interest					

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign even if only one had income.) _____

Your Daytime (8 a.m. to 5 p.m.) Telephone Number (Optional) () _____

Paid Preparer's Information

Preparer's signature ▶

Firm's name (or yours, if self-employed), ▶

address and ZIP code

▶ DATE

INDIVIDUAL
INCOME TAX

For Privacy Act Notice, see page 12 of Instructions

For the year January 1–December 31, 1980, or year ending _____, 1981.

Use Calif. label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number	DO NOT WRITE IN THESE SPACES
	Sheila J.	Rosecrans	481 50 3278	
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.	
	City, town or post office, State and ZIP code		Your occupation	
	481 Rockman Way		clerk	
	Pt. Hueneme CA 93041		Spouse's occupation	

Filing Status	1 Single (Check only one)	Exemption Credits	6 Personal— If Filing Status 1 or 3 checked, enter \$32 If Filing Status 2, 4, or 5 checked enter \$64	6	64	00
	2 Married filing joint return (even if only one had income)		7 Blind— If both are blind, enter \$20	7	00	
	3 Separate return of married person—Enter spouse's social security number above and full name below		8 Dependents—Do not list yourself, your spouse or the person who qualifies you as head of household. Enter name and relationship.			
	4 Head of Household—See instructions for Filing Status. Enter name of qualifying person (do not list yourself or spouse)					
	5 Qualifying widow(er) with dependent child (year spouse died 19____). Enter name of qualifying dependent at line 8. See instructions for Filing Status.					
			Total Number • × \$10 •	8	00	
			9 Total exemption credits (add lines 6, 7, and 8) Enter here and on page 2, line 62	9	00	

Income

Please attach copy of your Form(s) W-2 here.

If you do not have a W-2, see instructions for step 1.

Please attach check or money order here.

Adjustments to Income

Adjusted Gross Income

12 Wages, salaries, tips, etc.	•	12	
13 Interest income (attach Schedule B (540) if over \$400)	•	13	
14 Dividends—before Federal exclusion (attach Schedule B (540) if over \$400)	•	14	
15 Alimony received	•	15	
16 Business income or (loss) (attach Schedule C (540))	•	16	
17 Capital gain or (loss) (attach Schedule D (540))	•	17	
18 Gain on Sale of Principal Residence— If the once-in-a-lifetime exclusion is claimed—complete FTB 3535 and check box ☐	•		
19 Supplemental gains or losses (attach Schedule D-1 (540))	•	19	
20 Fully taxable pensions and annuities not reported on Schedule E (540)	•	20	
21 Pensions and annuities	•	21	
22 Rents and royalties	•	22	
23 Partnerships	•	23	
24 Estates and trusts	•	24	
25 Farm income or (loss) (attach Schedule F (540))	•	25	
30 Other income (state nature and source—see instructions for line 30)	•	30	
31 Total Income. Add lines 12 through 30	•	31	
32 Moving expense (attach FTB 3805U)	•	32	
33 Employee business expenses (attach FTB 3805N)	•	33	
34 Payments to an IRA (see instructions for line 34)	•	34	
35 Payments to a Keogh (H.R. 10) retirement plan	•	35	
36 Payments to a self-employed "Defined Benefit Plan"	•	36	
37 Military exclusion (see instructions for line 37)	•	37	
38 Interest penalty due on early withdrawal of savings	•	38	
39 Alimony paid (see instructions for line 39)	•	39	
(Paid to)			
(Social Security Number)			
40 Disability income exclusion (attach FTB 3805T)	•	40	
45 Total adjustments. Add lines 32 through 40	•	45	
46 Adjusted gross income. Subtract line 45 from line 31, and continue on page 2	•	46	



INTEREST AND DIVIDEND INCOME

Attach to Form 540

Name(s) as shown on Form 540 (Do not enter name and social security number if shown on other side)

Your social security number

PART I — INTEREST INCOME**1. If you received more than \$400 in interest, complete Part I.**

Interest on bonds, debentures, loans, notes, tax refunds and all types of savings accounts including banks, credit unions and postal savings is **taxable**.

Interest on the following obligations is **exempt from tax**:

- (a) Bonds and other obligations (other than tax refunds) of the United States, the District of Columbia and territories of the United States. (Interest on Philippine Islands obligations issued on or after March 24, 1934, is not exempt.)
- (b) Bonds (but not other obligations) of California and its political subdivisions issued after November 4, 1902.
- (c) Interest on bonds of Alaska issued prior to January 1, 1959.
- (d) Interest on bonds of Hawaii issued prior to August 21, 1959.

PART II — DIVIDEND INCOME**1. If you received more than \$400 in gross dividends (including capital gain dividends), complete Part II.**

"Capital gain dividends" are reported as ordinary dividends for California income tax purposes and **not** as capital gains as permitted under the Federal law.

Write (H), (W), (J), for stock held by husband, wife, jointly.

NAME OF PAYER

AMOUNT

NAME OF PAYER

AMOUNT

2. Total interest income. Enter here and on Form 540, line 13

2. Total dividends

3. Nontaxable distributions

4. Taxable dividends (Subtract line 3 from line 2).

Enter here and on Form 540, line 14

Schedule A on reverse

A

FORM 540

**CALIFORNIA****ITEMIZED DEDUCTIONS**

▶ Attach to Form 540

▶ See Instructions for Schedule A (Form 540)

TAXABLE

19

YEAR

Name(s) as shown on Form 540

Your social security number

USE ONLY IF YOU DO NOT TAKE THE STANDARD DEDUCTION**Medical and Dental Expenses** (not paid by insurance or otherwise)

1 One half (but not more than \$150) of insurance premiums you paid for medical care (be sure to include in line 10 below) ▶		
2 Medicine and drugs	30 00	
3 Enter 1% of Form 540, line 46	35 44	
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero.	0	
5 Balance of insurance premiums for medical care not entered on line 1	0	
6 Other medical and dental expenses:		
a Doctors, dentists, nurses, etc.		
b Hospitals		
c Others (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶	psychologist	180 00
7 Total—(Add lines 4 through 6c)	180 00	
8 Enter 3% of Form 540, line 46	106 32	
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero	63 68	
10 Total medical and dental expenses—(Add lines 1 and 9). Enter here and on Form 540, line 48	63 68	

Taxes

11 State and local gasoline (see gas tax table)		
12 Real estate		
13 General sales (see Federal sales tax tables)		
14 Personal property (boat and aircraft) (Auto license—excess of registration and weight fees (see auto license fee guide))		
15 Other (itemize) ▶		
16 Total taxes—(Add lines 11 through 15). Enter here and on Form 540, line 49		

Interest Expense

17 Home mortgage		
18 Credit and charge cards		
19 Other (itemize) ▶		
20 Total interest expense—(Add lines 17 through 19). Enter here and on Form 540, line 50		

Contributions

21 a Cash contributions for which you have receipts, cancelled checks or other written evidence	210 00	
b Other cash contributions (show to whom you gave and how much you gave) ▶		
22 Other than cash (attach statement)		
23 Carryover from 1974 and later years (attach statement)		
24 Total contributions—(Add lines 21a through 23) Enter on Form 540, line 51, the lesser of your total contributions or 20% of Form 540, line 46	210 00	

Casualty or Theft Loss(es) (each loss is deductible to the extent it exceeds \$100)

NOTE: If you had more than one loss, skip lines 25 through 28 and attach a statement (or Federal Form 4684).

25 Loss before insurance reimbursement		
26 Insurance reimbursement		
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero.		
28 Enter \$100 or amount on line 27, whichever is smaller		
29 Total casualty or theft loss—(Subtract line 28 from line 27). Enter here and on Form 540, line 52		

Miscellaneous Deductions

30 a Union dues		
b Handicapped (repairing or remodeling expenses)		
31 Other (itemize) ▶		
32 Total miscellaneous deductions—(Add lines 30 through 31). Enter here and on Form 540, line 53		

Adoption Expense

33 a Total adoption expense		
b Enter 3% of Form 540, line 46		
34 Net adoption expense—(Subtract line 33b from line 33a). See instructions for maximum limitations. Enter here and on Form 540, line 54		



CALIFORNIA RENTER'S CREDIT

Attach to Form 540

Name(s) as shown on Form 540

Your social security number

QUESTIONS A THROUGH D AND RENTAL INFORMATION MUST BE ANSWERED IF YOU ARE CLAIMING RENTER'S CREDIT.

A. Did you, on March 1, 1980, live in rented property in California which was your principal residence?

Yes ☒ If yes, complete the following: No ☐ If no, you may **not** claim this credit.B. Was the property you rented exempt from property tax? Yes ☐ No ☒ If yes, you may **not** claim this creditC. Did you live with any other person who claimed you as a dependent for income tax purposes? Yes ☐ No ☒ If yes, you may **not** claim this creditD. Did you or your spouse claim the homeowner's property tax exemption? Yes ☐ No ☒ If yes, see instructions below

CREDIT AMOUNT

☒ I was a resident of California for the entire year.

ENTER THE AMOUNT OF YOUR CREDIT ON LINE 88 OF YOUR RETURN

Enter \$60 — single

Enter \$137 — married filing joint, head of household or qualifying widow(er)

Married filing separate see special instructions below.

RENTAL INFORMATION

• Name and address of your landlord (or the person you paid your rent to) on March 1, 1980

• Address of your residence on March 1, 1980, if **different** than your present home address

(NAME)

(STREET ADDRESS)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(CITY, STATE, ZIP CODE)

(TELEPHONE NUMBER)

QUALIFICATIONS

A credit of up to \$137 may be claimed by renters who qualify. This credit is refundable. It may be claimed even when no income tax return is otherwise required to be filed. If the renter owes income tax and it is less than the credit, the excess will be refunded.

YOU **QUALIFY** FOR THIS RENTER'S CREDIT IF:

- On **March 1, 1980**, you were a resident of California; and
- On **March 1, 1980**, you rented and lived in a house or dwelling in **California** which was your **principal residence**. Owning and occupying a mobile home on rented land allows you to qualify.

YOU **DO NOT QUALIFY** FOR THE RENTER'S CREDIT IF:

- On **March 1, 1980**, you were **not** a resident of California.

- The rented house or property was exempt from property taxes (however, if you were required to pay property taxes on your possessory interest in such residence you are qualified).
- You lived with another person who claimed you as a dependent for income tax purposes.
- You or your spouse were granted the Homeowner's Property Tax Exemption. However, if your spouse maintained a residence separate from yours for the entire taxable year, and was granted the Homeowner's Property Tax Exemption on that residence, you are qualified if you otherwise meet the requirements.

SPECIAL INSTRUCTIONS FOR MARRIED FILING SEPARATE—(1) If you and your spouse are full year residents and file separate returns, the \$137 credit may be taken by either or equally divided between you. (2) If you and your spouse **lived apart** and resided in California for the **entire taxable year**, you each may claim one-half of the \$137 providing you each qualify.

NOTE: Military personnel who are not residents of California do not qualify for the renter's credit. However, if the military person's spouse enters California to stay during the tour of duty of the military person, the nonmilitary spouse is considered to be a resident and may claim the renter's credit during the months spent in California if otherwise qualified.

ATTACH TO FORM 540



CALIFORNIA

INCOME AVERAGING

Attach to Form 540

Name(s) as shown on Form 540	Your social security number
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BASE PERIOD INCOME AND ADJUSTMENTS

	(a) 1st preceding base period year 1979	(b) 2nd preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Were you a California resident for the entire year? (Check "Yes" or "No" for each year.)	a You ☐ Yes ☐ No b Spouse ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
2 California taxable income (If Tax Table used in any base year, see instruction for line 2).				
3 Accumulation distributions of trusts subject to Section 17775(a). (See form FTB 5870 or 5870A.)				
4 Adjusted base period income (subtract line 3 from line 2) If line 3 is more than line 2 enter zero.				

COMPUTATION OF AVERAGABLE INCOME

5 Were you a California resident for the entire year 1980?	a You ☐ Yes ☐ No b Spouse ☐ Yes ☐ No	
6 Taxable income for 1980 from Form 540, line 60		6
7 Certain amounts received by owner-employees subject to penalty under Section 17112.5. (See instructions)		7
8 Subtract line 7 from line 6.		8
9 Accumulation distributions of trusts subject to Section 17775(a). (See form FTB 5870A.)		9
10 Adjusted taxable income (subtract line 9 from line 8). If less than zero, enter zero		10
11 Add columns (a) through (d), line 4, and enter here		11
12 Enter 33 1/3 % of line 11. There is no tax savings if this amount exceeds: \$20,450 for a Single or Married filing separate return; or, \$40,900 for Married filing joint return or Qualified widow(er); or, \$23,750 for Head of household.		12
13 Averagable income (subtract line 12 from line 10)		13

Do not complete the rest of this form if line 13 is \$3,000 or less. You do not qualify for income averaging.

COMPUTATION OF TAX

Do not subtract personal exemptions or other credits

14 Amount from line 12		14
15 20% of line 13		15
16 Add lines 14 and 15		16
17 Amount from line 7		17
18 Add lines 16 and 17		18
19 Tax on amount on line 18 (use 1980 tax table)		19
20 Tax on amount on line 16 (use 1980 tax table)		20
21 Tax on amount on line 14 (use 1980 tax table)		21
22 Subtract line 21 from line 20		22
23 Multiply the amount on line 22 by 4		23
24 Tax (add lines 19 and 23). Enter here and on Form 540, line 61 and check the Schedule G Box		24

Tax Computation

(See Instructions on page 11)

- 32 Amount from line 31 (adjusted gross income) 32
- 33 If you do not itemize deductions, enter zero 33
- If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41
- Caution:** If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see page 11 of the Instructions. Also see page 11 of the Instructions if:
- You are married filing a separate return and your spouse itemizes deductions, OR
 - You file Form 4563, OR
 - You are a dual-status alien.
- 34 Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I 34
- Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if:
- Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5), OR
 - You have more exemptions than are shown in the Tax Table for your filing status, OR
 - You use Schedule G or Form 4726 to figure your tax.
- Otherwise, you MUST use the Tax Tables to find your tax.
- 35 Tax. Enter tax here and check if from ☒ Tax Tables or ☐ Schedule TC 35
- 36 Additional taxes. (See page 12 of Instructions.) Enter here and check if from ☐ Form 4970, ☐ Form 4972, ☐ Form 5544, ☐ Form 5405, or ☐ Section 72(m)(5) penalty tax 36
- 37 **Total.** Add lines 35 and 36 37

3544 82

32 00

32 00

Credits

(See Instructions on page 12)

- 38 Credit for contributions to candidates for public office 38
- 39 Credit for the elderly (attach Schedules R&RP) 39
- 40 Credit for child and dependent care expenses (attach Form 2441) 40
- 41 Investment credit (attach Form 3468) 41
- 42 Foreign tax credit (attach Form 1116) 42
- 43 Work incentive (WIN) credit (attach Form 4874) 43
- 44 Jobs credit (attach Form 5884) 44
- 45 Residential energy credits (attach Form 5695) 45
- 46 **Total credits.** Add lines 38 through 45 46

47 **Balance.** Subtract line 46 from line 37 and enter difference (but not less than zero) 47

32 00

Other Taxes

(Including Advance EIC Payments)

- 48 Self-employment tax (attach Schedule SE) 48
- 49a Minimum tax. Attach Form 4625 and check here ☐ 49a
- 49b Alternative minimum tax. Attach Form 6251 and check here ☐ 49b
- 50 Tax from recomputing prior-year investment credit (attach Form 4255) 50
- 51a Social security (FICA) tax on tip income not reported to employer (attach Form 4137) 51a
- 51b Uncollected employee FICA and RRTA tax on tips (from Form W-2) 51b
- 52 Tax on an IRA (attach Form 5329) 52
- 53 Advance earned income credit (EIC) payments received (from Form W-2) 53
- 54 **Balance.** Add lines 47 through 53 54

32 00

Payments

Attach Forms W-2, W-2G, and W-2P to front.

- 55 Total Federal income tax withheld 55
- 56 1980 estimated tax payments and amount applied from 1979 return 56
- 57 Earned income credit. If line 32 is under \$10,000, see pages 13 and 14 of Instructions 57
- 58 Amount paid with Form 4868 58
- 59 Excess FICA and RRTA tax withheld (two or more employers) 59
- 60 Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T) 60
- 61 Regulated Investment Company credit (attach Form 2439) 61
- 62 **Total.** Add lines 55 through 61 62

541 06

353 00

894 06

862 06

Refund or Balance Due

- 63 If line 62 is larger than line 54, enter amount **OVERPAID** 63
- 64 Amount of line 63 to be **REFUNDED TO YOU** 64
- 65 Amount of line 63 to be applied to your 1981 estimated tax 65
- 66 If line 54 is larger than line 62, enter **BALANCE DUE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order 66
- (Check ☐ if Form 2210 (2210F) is attached. See page 15 of Instructions.) \$

862

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sheila Rosecrans 2/4/81
Your signature Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Paid Preparer's Use Only

Preparer's signature and date

Check if self-employed ☐

Preparer's social security no.

Firm's name (or yours, if self-employed) and address

E.I. No.

ZIP code

For Privacy Act Notice, see Instructions

For the year January 1–December 31, 1980, or other tax year beginning

, 1980, ending

, 19

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial) Sheila J. Rosecrans		Last name Rosecrans		Your social security number 481 50 3278
	Present home address (Number and street, including apartment number, or rural route) 481 Rockman Way				Spouse's social security no.
	City, town or post office, State and ZIP code Pt. Hueneme CA 93041		Your occupation clerk Spouse's occupation		

Presidential Election Campaign Fund	Do you want \$1 to go to this fund?		Yes ☐	No ☒	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund?		Yes ☐	No ☐	

Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 2 of Instructions.) State CA City, village, borough, etc. Pt. Hueneme		B Do you live within the legal limits of a city, village, etc.? ☒ Yes ☐ No	C In what county do you live? Ventura	D In what township do you live?
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Filing Status Check only one box.	1 ☒ Single For IRS use only 2 ☐ Married filing joint return (even if only one had income) 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here 4 ☐ Head of household. (See page 6 of Instructions.) If qualifying person is your unmarried child, enter child's name 5 ☐ Qualifying widow(er) with dependent child (Year spouse died 19). (See page 6 of Instructions.)				
--	---	--	--	--	--

Exemptions Always check the box labeled Yourself. Check other boxes if they apply.	6a ☒ Yourself ☐ 65 or over ☐ Blind ☐ Blind b ☐ Spouse ☐ 65 or over ☐ Blind ☐ Blind c First names of your dependent children who lived with you d Other dependents: (1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support? 7 Total number of exemptions claimed					Enter number of boxes checked on 6a and b	Enter number of children listed on 6c	Enter number of other dependents. Add numbers entered in boxes above
---	--	--	--	--	--	---	---------------------------------------	--

Income Please attach Copy B of your Forms W-2 here. If you do not have a W-2, see page 5 of Instructions. Please attach check or money order here.	8 Wages, salaries, tips, etc.		8	3544	82
	9 Interest income (attach Schedule B if over \$400)		9		
	10a Dividends (attach Schedule B if over \$400)		10a		
	10b Exclusion		10b		
	10c Subtract line 10b from line 10a		10c		
	11 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see page 9 of Instructions)		11		
	12 Alimony received		12		
	13 Business income or (loss) (attach Schedule C)		13		
	14 Capital gain or (loss) (attach Schedule D)		14		
	15 40% of capital gain distributions not reported on line 14 (See page 9 of Instructions)		15		
	16 Supplemental gains or (losses) (attach Form 4797)		16		
	17 Fully taxable pensions and annuities not reported on line 18		17		
	18 Pensions, annuities, rents, royalties, partnerships, etc. (attach Schedule E)		18		
	19 Farm income or (loss) (attach Schedule F)		19		
	20a Unemployment compensation (insurance). Total received		20a		
b Taxable amount, if any, from worksheet on page 10 of Instructions		20b			
21 Other income (state nature and source—see page 10 of Instructions)		21			
22 Total income. Add amounts in column for lines 8 through 21		22		354482	

Adjustments to Income (See Instructions on page 10)	23 Moving expense (attach Form 3903 or 3903F)		23			
	24 Employee business expenses (attach Form 2106)		24			
	25 Payments to an IRA (enter code from page 10)		25			
	26 Payments to a Keogh (H.R. 10) retirement plan		26			
	27 Interest penalty on early withdrawal of savings		27			
	28 Alimony paid		28			
	29 Disability income exclusion (attach Form 2440)		29			
	30 Total adjustments. Add lines 23 through 29		30			
	31 Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on pages 13 and 14 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions		31			

Adjusted Gross Income	31 Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on pages 13 and 14 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions		31	354482	354482
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SCHEDULE G
(Form 1040)Department of the Treasury
Internal Revenue Service**Income Averaging**▶ See instructions on back.
▶ Attach to Form 1040.**1980****21**

Name(s) as shown on Form 1040

Your social security number

Base Period Income and Adjustments	(a) 1st preceding base period year 1979	(b) 2d preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Enter amount from: Form 1040 (1977, 1978, and 1979)—line 34 Form 1040A (1977 and 1978)—line 10 Form 1040A (1979)—line 11				
2 a Multiply \$750 by your total number of exemptions in 1977 and 1978				
b Multiply \$1,000 by your total number of exemptions in 1979				
3 Taxable income (subtract line 2a or 2b from line 1). If less than zero, enter zero				
4 Income earned outside of the United States or within U.S. possessions and excluded un- der sections 911 and 931				
5 On your 1980 { 2 or 5 enter \$3,200 } in column Form 1040, if { 1 or 4 enter \$2,200 } (d) you checked box { 3 enter \$1,600 }				
6 Base period income (add lines 3, 4 and 5) .				
Computation of Averageable Income				
7 Taxable income for 1980 from Schedule TC (Form 1040), Part I, line 3		7		
8 Certain amounts received by owner-employees subject to a penalty under sec- tion 72(m)(5)		8		
9 Subtract line 8 from line 7		9		
10 Excess community income		10		
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero			11	
12 Add columns (a) through (d), line 6, and enter here		12		
13 Enter 30% of line 12			13	
14 Averageable income (subtract line 13 from line 11)			14	

**If line 14 is \$3,000 or less, do not complete the rest of
this form. You do not qualify for income averaging.****G****Computation of Tax**

15 Amount from line 13	15		
16 20% of line 14	16		
17 Total (add lines 15 and 16)	17		
18 Excess community income from line 10	18		
19 Total (add lines 17 and 18)	19		
20 Tax on amount on line 19 (see caution below)	20		
21 Tax on amount on line 17 (see caution below)	21		
22 Tax on amount on line 15 (see caution below)	22		
23 Subtract line 22 from line 21	23		
24 Multiply the amount on line 23 by 4	24		
Note: If no entry was made on line 8 above, skip lines 25 through 27 and go to line 28.			
25 Tax on amount on line 7 (see caution below)	25		
26 Tax on amount on line 9 (see caution below)	26		
27 Subtract line 26 from line 25	27		
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box	28		

Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use the tax tables.

Instructions

Income averaging may be to your advantage if your income increased substantially this year. To see if you qualify, please read these instructions and complete lines 1-14 of this schedule. If line 14 is more than \$3,000, complete the rest of this schedule to see whether you benefit from income averaging.

If you are eligible, and line 28 of this schedule is less than your regular tax using the tax rate schedules and maximum tax, you may choose the income averaging method. This schedule must be attached to your Form 1040 in order to choose the benefits of income averaging. Generally you may make or change this choice anytime within 3 years from the date you filed your return.

A. Requirements.—To be eligible to file Schedule G with Form 1040, you must meet the following requirements:

(1) **Citizenship or residence.**—You must have been a U.S. citizen or resident throughout 1980. You are not eligible if you were a nonresident alien at any time during the taxable period of 5 years ending with 1980.

(2) **Support.**—You must have furnished at least 50% of your own support for each of the years 1976-1979. In a year in which you were married, it is only necessary that you and your spouse provided at least 50% of the support of both of you. For the definition of support, see Form 1040 Instructions, page 7.

Exceptions: Disregard the support requirement if any one of the three following situations applies to you:

- (1) You were 25 or older before the end of 1980 and not a full-time student during 4 or more of your tax years which began after you reached 21; or

- (2) More than 50% of your 1980 taxable income (line 7) is from work you performed in substantial part during 2 or more of the 4 tax years before 1980; or
- (3) You file a joint return for 1980. Your income for 1980 is not more than 25% of the total combined adjusted gross income (line 31, Form 1040).

For definition of full-time student, see Form 1040 Instructions, page 7.

B. Limitations.—You may not take advantage of the following tax benefits in the same year you file Schedule G:

- (1) Exclusion of income from sources outside the United States or within U.S. possessions; or
- (2) Maximum tax on personal service income.

C. Computation of Base Period Income (figure each year separately).—

(1) Use your separate income and deductions for all years if you were unmarried in 1976 through 1980.

(2) Use the combined income and deductions of you and your spouse for a base period year:

- If you are married in 1980, and
- If you file a joint return with your spouse or are a qualifying widow(er) in 1980, and
- If you were not married to any other spouse in that base period year.

(3) If (1) and (2) do not apply, your separate base period income is the largest of the following amounts:

(a) Your separate income and deductions for the base period year;

(b) Half of the base period income from adding your separate income and deductions to the separate income and deductions of your spouse for that base period year;

(c) Half of the base period income from adding your separate income and deductions to your 1980

spouse's separate income and deductions for that base period year.

Note: If you were married to one spouse in a base period year and are married and file a joint return with a different spouse in 1980, your separate base period income is the larger of (3)(a) or (b) above. Combine the result with your 1980 spouse's separate base period income for that base period year.

D. Computation of Separate Income and Deductions.—The amount of your separate income and deductions for a base period year is the excess of your gross income for that year minus your allowable deductions.

If you filed a joint return for a base period year, your separate deductions are:

(1) For deductions allowable in figuring your adjusted gross income, the sum of those deductions attributable to your gross income; and

(2) For deductions allowable in figuring taxable income (exemptions and itemized deductions), the amount from multiplying the deductions allowable on the joint return by a fraction whose numerator is your adjusted gross income and whose denominator is the combined adjusted gross income on the joint return. However, if 85% or more of the combined adjusted gross income of you and your spouse is attributable to either spouse, all deductions allowable in figuring taxable income are allowable to that spouse.

In figuring your separate taxable income when community property laws apply, you must take into account all of your earned income without regard to the community property laws, or your share of the community earned income under community property laws, whichever is more.

If you must figure your separate taxable income for any of the base period years, attach a statement showing the computation and the names under which the returns were filed.

Example: John and Carol are calendar year taxpayers who were married and otherwise eligible to choose the benefits of income averaging for tax year 1980. They filed a joint return. However,

Carol was married to and filed jointly with Sam for tax year 1976. John was unmarried in 1976. John and Carol figure their taxable income for 1976 as follows:

	Sam & Carol (Joint Return)	Sam	Carol	John
Salary	\$19,000	\$13,500	\$5,500	\$6,000
Dividends	2,000	500	1,500	1,000
Adjusted Gross Income	\$21,000	\$14,000	\$7,000	\$7,000
Total of itemized deductions and personal exemptions	6,000	4,000	2,000(1)	2,200
Taxable Income (Separate Income and Deductions)	\$15,000	\$10,000	\$5,000	\$4,800

(1) 7,000 (Carol's separate adjusted gross income) $\times$ 6,000 (Total of itemized deductions & personal exemptions on Sam & Carol's joint return) = 2,000
21,000 (Sam and Carol's adjusted gross income from joint return)

Method No. 1—Carol's separate income and deductions \$5,000

Method No. 2—Carol and Sam's taxable income from joint return, \$15,000 $\times$ 50 percent \$7,500

Carol's separate taxable income is \$7,500, the larger of the two methods. John and Carol's taxable income (since there are no adjustments) for 1976 is \$12,300. This figure includes John's separate taxable income of \$4,800 (unmarried in 1976) plus Carol's separate taxable income of \$7,500. This amount is entered on line 3, column (d) of Schedule G (Form 1040).

Line-by-Line Instructions

Line 1.—If you did not file a return, enter the amount that would otherwise be reportable on the appropriate lines specified in line 1.

Line 3.—Taxable income—

For 1977, 1978, and 1979, subtract line 2 from line 1.

For 1976, enter the amount from Form 1040, line 47 or Form 1040A, line 15.

Caution: The amount you enter on this line must not be less than zero.

Enter any corrected amount in columns (a), (b), (c), and (d) if the amount reported on your return for any of the years was changed by an amended return or by the Internal Revenue Service.

Line 4.—Enter on line 4 for each base period year the income (less any deductions) previously excluded from income because it was earned in-

come from sources outside the United States or from income within U.S. possessions.

Line 7.—If you use income averaging, you must use Schedule TC. Since you can't exclude income under sections 911 or 931-934, include in line 7 the amount otherwise excludable.

Line 8.—If you are or were an owner-employee, and received income from a premature or excessive distribution from a Keogh (H.R. 10) plan or trust, enter that income on line 8.

Line 10.—Enter the excess of the community earned income. You must make this adjustment if you are married, a resident of a community property State, and file a separate return for 1980. The excess is the community earned income you reported minus that part of the income which is attributable to your services. Skip this line if the earned income attributable to your services is more than 50% of your combined community earned income.

Example:

	Attributable to Service of		
Community Earned Income	John	Carol	Total
	\$40,000	\$20,000	\$60,000

(a) John filing a separate return has no adjustment since the amount of earned income attributable to the services of John (\$40,000) is more than 50% of the combined community earned income (\$30,000).

(b) Carol filing a separate return must include \$10,000 in the total for line 10, which is the excess of the community earned income reportable by Carol (\$30,000) over the amount of community earned income attributable to Carol's services (\$20,000).

For more information and a filled-in sample Schedule G, please get Publication 506, Income Averaging.

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)		Last name		Your social security number	
	Present home address (Number and street, including apartment number, or rural route)					Spouse's social security no.
	City, town or post office, State and ZIP code			Your occupation		Spouse's occupation

Presidential Election Campaign Fund	Do you want \$1 to go to this fund?		Yes ☒	No ☐	Note: Checking "Yes" will not increase your tax or reduce your refund.	
	If joint return, does your spouse want \$1 to go to this fund? . . .		Yes ☐	No ☐		
Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 6 of Instructions.) State _____ City, village, borough, etc. _____		B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☐ No		C In what county do you live? _____	D In what township do you live? _____

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For IRS use only

Filing Status Check Only One Box.	1 ☐	Single	Enter number of boxes checked on 5a and b		
	2 ☐	Married filing joint return (even if only one had income)			
	3 ☐	Married filing separate return. Enter spouse's social security no. above and full name here			
	4 ☐	Head of household. (See pages 7 and 8 of Instructions.) If qualifying person is your unmarried child, enter child's name			
Exemptions Always check the box labeled Yourself. Check other boxes if they apply.	5a ☐	Yourself	☐ 65 or over	☐ Blind	Enter number of children listed on 5c
	b ☐	Spouse	☐ 65 or over	☐ Blind	
c First names of your dependent children who lived with you					Enter number of other dependents Add numbers entered in boxes above
d Other dependents:					

(1) Name	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents Add numbers entered in boxes above

6 Total number of exemptions claimed

7 Wages, salaries, tips, etc. (Attach Forms W-2. See page 10 of Instructions)	7	
8 Interest income (See pages 3 and 10 of Instructions)	8	
9a Dividends (See pages 3 and 10 of Instructions)	9b Exclusion Subtract line 9b from 9a	9c
10a Unemployment compensation (insurance). Total received from Form(s) 1099-UC		10b
b Taxable amount, if any, from worksheet on page 10 of Instructions		11
11 Adjusted gross income (add lines 7, 8, 9c, and 10b). If under \$10,000, see page 12 of Instructions on "Earned Income Credit"		
12a Credit for contributions to candidates for public office. (See page 11 of Instructions)	12a	
IF YOU WANT IRS TO FIGURE YOUR TAX, PLEASE STOP HERE AND SIGN BELOW.		
b Total Federal income tax withheld (If line 7 is more than \$25,900, see page 11 of Instructions)	12b	
c Earned income credit (from page 12 of Instructions)	12c	
13 Total (add lines 12a, b, and c)		13
14a Tax on the amount on line 11. (See page 13 of Instructions; then find your tax in the Tax Tables on pages 15-26)	14a	
b Advance earned income credit (EIC) (from Form W-2)	14b	
15 Total (add lines 14a and 14b)		15
16 If line 13 is larger than line 15, enter amount to be REFUNDED TO YOU		16
17 If line 15 is larger than line 13, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order		17

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	Your signature _____ Date _____		Spouse's signature (if filing jointly, BOTH must sign even if only one had income) _____	
	Preparer's signature and date _____		Preparer's social security no. _____	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address _____		Check if self-employed ☐	
	E.I. No. _____		ZIP code _____	

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)		Last name		Your social security number	
	Present home address (Number and street, including apartment number, or rural route)				Spouse's social security no.	
	City, town or post office, State and ZIP code		Your occupation		Spouse's occupation	

Presidential Election Campaign Fund	Do you want \$1 to go to this fund?	Yes ☒	No ☐	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund? . . .	Yes ☒	No ☐	
Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 6 of Instructions.) State _____ City, village, borough, etc. _____	B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☐ No	C In what county do you live?	D In what township do you live?

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Filing Status Check Only One Box.	1 ☐ Single	Enter number of boxes checked on 5a and b	Enter number of children listed on 5c		
	2 ☐ Married filing joint return (even if only one had income)				
	3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here				
	4 ☐ Head of household. (See pages 7 and 8 of Instructions.) If qualifying person is your unmarried child, enter child's name				
Exemptions Always check the box labeled Yourself. Check other boxes if they apply.	5a ☐ Yourself ☐ 65 or over ☐ Blind	Enter number of boxes checked on 5a and b			
	b ☐ Spouse ☐ 65 or over ☐ Blind				
c First names of your dependent children who lived with you		Enter number of other dependents			
d Other dependents:					
(1) Name	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?	Add numbers entered in boxes above
6 Total number of exemptions claimed					

7 Wages, salaries, tips, etc. (Attach Forms W-2. See page 10 of Instructions)	7
8 Interest income (See pages 3 and 10 of Instructions)	8
9a Dividends (See pages 3 and 10 of Instructions)	9c
9b Exclusion Subtract line 9b from 9a	
10a Unemployment compensation (insurance). Total received from Form(s) 1099-UC	10b
b Taxable amount, if any, from worksheet on page 10 of Instructions	11
11 Adjusted gross income (add lines 7, 8, 9c, and 10b). If under \$10,000, see page 12 of Instructions on "Earned Income Credit"	
12a Credit for contributions to candidates for public office. (See page 11 of Instructions)	13
IF YOU WANT IRS TO FIGURE YOUR TAX, PLEASE STOP HERE AND SIGN BELOW.	
b Total Federal income tax withheld (If line 7 is more than \$25,900, see page 11 of Instructions)	12b
c Earned income credit (from page 12 of Instructions)	12c
13 Total (add lines 12a, b, and c)	13
14a Tax on the amount on line 11. (See page 13 of Instructions; then find your tax in the Tax Tables on pages 15-26)	14a
b Advance earned income credit (EIC) (from Form W-2)	14b
15 Total (add lines 14a and 14b)	15
16 If line 13 is larger than line 15, enter amount to be REFUNDED TO YOU	16
17 If line 15 is larger than line 13, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order	17

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Your signature	Date
Paid Preparer's Use Only	Spouse's signature (if filing jointly, BOTH must sign even if only one had income)	
	Preparer's signature and date	Check if self-employed ☐
	Firm's name (or yours, if self-employed) and address	Preparer's social security no.
	E.I. No.	ZIP code

Use IRS label. Other- wise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)		Last name		Your social security number		
	Present home address (Number and street, including apartment number, or rural route)					Spouse's social security no.	
	City, town or post office, State and ZIP code				Your occupation		
					Spouse's occupation		

Presidential Election Campaign Fund	Do you want \$1 to go to this fund?	Yes ☒	No ☐	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund? . . .	Yes ☐	No ☐	
Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 6 of Instructions.) State _____ City, village, borough, etc. _____	B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☐ No	C In what county do you live? _____	D In what township do you live? _____

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Filing Status Check Only One Box.	1 ☐	Single	Enter number of boxes checked on 5a and b	Enter number of children listed on 5c		
	2 ☐	Married filing joint return (even if only one had income)				
	3 ☐	Married filing separate return. Enter spouse's social security no. above and full name here				
	4 ☐	Head of household. (See pages 7 and 8 of Instructions.) If qualifying person is your unmarried child, enter child's name				
Exemptions Always check the box labeled Yourself. Check other boxes if they apply.	5a ☐	Yourself	☐ 65 or over	☐ Blind		
	b ☐	Spouse	☐ 65 or over	☐ Blind		
	c First names of your dependent children who lived with you					
	d Other dependents:					
	(1) Name	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents
6 Total number of exemptions claimed						Add numbers entered in boxes above

Please Attach Copy B of Forms W-2 Here

Attach Payment Here

Please
Sign
Here

Paid Preparer's Use Only	Preparer's signature and date	Check if self-employed ☐	Preparer's social security no.
	Firm's name (or yours, if self-employed) and address	E.I. No.	
		ZIP code	

Use IRS label. Otherwise, please print or type.	Your first name and initial (If joint return, also give spouse's name and initial)		Last name		Your social security number		
	Present home address (Number and street, including apartment number, or rural route)					Spouse's social security no.	
	City, town or post office, State and ZIP code					Your occupation	
						Spouse's occupation	

Presidential Election Campaign Fund

Do you want \$1 to go to this fund? ☐ Yes ☒ No

If joint return, does your spouse want \$1 to go to this fund? ☐ Yes ☒ No

Requested by Census Bureau for Revenue Sharing

A Where do you live (actual location of residence)? (See page 6 of Instructions.)
State _____ City, village, borough, etc. _____

B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☒ No

C In what county do you live? _____

D In what township do you live? _____

Note: Checking "Yes" will not increase your tax or reduce your refund.

For Privacy Act Notice, see page 27 of Instructions

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Filing Status

1 ☐ Single

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here _____

4 ☐ Head of household. (See pages 7 and 8 of Instructions.) If qualifying person is your unmarried child, enter child's name _____

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply.

5a ☐ Yourself ☐ 65 or over ☐ Blind

b ☐ Spouse ☐ 65 or over ☐ Blind

c First names of your dependent children who lived with you _____

Enter number of boxes checked on 5a and b _____

Enter number of children listed on 5c _____

d Other dependents:

(1) Name	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Enter number of other dependents _____

Add numbers entered in boxes above _____

6 Total number of exemptions claimed _____

7 Wages, salaries, tips, etc. (Attach Forms W-2. See page 10 of Instructions) _____

8 Interest income (See pages 3 and 10 of Instructions) _____

9a Dividends _____ (See pages 3 and 10 of Instructions) **9b** Exclusion _____ Subtract line 9b from 9a _____

10a Unemployment compensation (insurance). Total received from Form(s) 1099-UC _____

10b Taxable amount, if any, from worksheet on page 10 of Instructions _____

11 Adjusted gross income (add lines 7, 8, 9c, and 10b). If under \$10,000, see page 12 of Instructions on "Earned Income Credit" _____

12a Credit for contributions to candidates for public office. (See page 11 of Instructions) _____

12b Total Federal income tax withheld (If line 7 is more than \$25,900, see page 11 of Instructions) _____

12c Earned income credit (from page 12 of Instructions) _____

13 Total (add lines 12a, b, and c) _____

14a Tax on the amount on line 11. (See page 13 of Instructions; then find your tax in the Tax Tables on pages 15-26) _____

14b Advance earned income credit (EIC) (from Form W-2) _____

15 Total (add lines 14a and 14b) _____

16 If line 13 is larger than line 15, enter amount to be REFUNDED TO YOU _____

17 If line 15 is larger than line 13, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order. _____

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only	Your signature _____ Date _____		Spouse's signature (if filing jointly, BOTH must sign even if only one had income) _____	
	Preparer's signature and date _____		Preparer's social security no. _____	
	Firm's name (or yours, if self-employed) and address _____		E.I. No. _____	
	ZIP code _____		Check if self-employed ☐	

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.
	City, town or post office, State and ZIP code		Your occupation
		Spouse's occupation	

Presidential Election Campaign Fund	Do you want \$1 to go to this fund?	Yes ☒	No ☐	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund? . . .	Yes ☐	No ☐	
Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 6 of Instructions.) State _____ City, village, borough, etc. _____	B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☐ No	C In what county do you live? _____	D In what township do you live? _____

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Filing Status Check Only One Box.	1 ☐ Single	For IRS use only
	2 ☐ Married filing joint return (even if only one had income)	
	3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here	
	4 ☐ Head of household. (See pages 7 and 8 of Instructions.) If qualifying person is your unmarried child, enter child's name	

Exemptions Always check the box labeled Yourself. Check other boxes if they apply.	5a ☐ Yourself ☐ 65 or over ☐ Blind	Enter number of boxes checked on 5a and b
	b ☐ Spouse ☐ 65 or over ☐ Blind	
	c First names of your dependent children who lived with you	

d Other dependents:	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents Add numbers entered in boxes above
(1) Name					

6 Total number of exemptions claimed

7 Wages, salaries, tips, etc. (Attach Forms W-2. See page 10 of Instructions)	7	
8 Interest income (See pages 3 and 10 of Instructions)	8	
9a Dividends (See pages 3 and 10 of Instructions)	9c	
9b Exclusion Subtract line 9b from 9a		
10a Unemployment compensation (insurance). Total received from Form(s) 1099-UC	10b	
b Taxable amount, if any, from worksheet on page 10 of Instructions		
11 Adjusted gross income (add lines 7, 8, 9c, and 10b). If under \$10,000, see page 12 of Instructions on "Earned Income Credit"	11	
12a Credit for contributions to candidates for public office. (See page 11 of Instructions)	12a	
IF YOU WANT IRS TO FIGURE YOUR TAX, PLEASE STOP HERE AND SIGN BELOW.		
b Total Federal income tax withheld (If line 7 is more than \$25,900, see page 11 of Instructions)		
c Earned income credit (from page 12 of Instructions)	12c	
13 Total (add lines 12a, b, and c)	13	
14a Tax on the amount on line 11. (See page 13 of Instructions; then find your tax in the Tax Tables on pages 15-26)	14a	
b Advance earned income credit (EIC) (from Form W-2)		
15 Total (add lines 14a and 14b)	15	
16 If line 13 is larger than line 15, enter amount to be REFUNDED TO YOU	16	
17 If line 15 is larger than line 13, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order	17	

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Your signature	Date _____ Spouse's signature (if filing jointly, BOTH must sign even if only one had income)
Paid Preparer's Use Only	Preparer's signature and date	Check if self-employed ☐
	Firm's name (or yours, if self-employed) and address	Preparer's social security no.
	E.I. No.	ZIP code

STATE OF CALIFORNIA
FRANCHISE TAX BOARD

1980



**FORM
540**

**FULL YEAR
RESIDENT**

RESIDENTS OF LESS THAN 12 MONTHS
OR NON RESIDENTS ARE REQUIRED
TO USE 540NR

INDIVIDUAL INCOME TAX

THIS BOOKLET CONTAINS
FORM 540 AND SCHEDULES FOR:

Itemized Deductions	Schedule A
Interest and Dividends	Schedule B
Business Income	Schedule C
Capital Gains and Losses	Schedule D
Supplemental Income	Schedule E
Income Averaging	Schedule G
Renter's Credit	Schedule H
Declaration of Estimated Tax	540-ES

DUE DATE: APRIL 15, 1981

**FOR ADDITIONAL
FORMS AND ASSISTANCE
SEE PAGE 48**

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If you prepare your Federal return first, it should speed the completion of your California return since many of the Federal Form 1040 amounts can be transferred directly to your California Form 540.

Even if you have asked the IRS to complete your Federal return, you must fill in all of the required information and compute the tax on your California return.

SHORT FORM—FORM 540A

This is a new form. Before starting Form 540 please check to see if you should file Form 540A instead. See "Which Form to File" below.

Renter's Credit

Schedule H (540) is to be used when you are claiming renter's credit. If you are filing only for the renter's credit, file **Form 540A**.

General Instructions

Who Must File

A. Residents of California

Residents of California are required to file a return when one of the following requirements is met:

- **Single, Married filing separate, Head of household, and Qualifying widow(er) with dependent child**—if your income exceeds \$5,000.
- **Married filing joint**—if your combined income exceeds \$10,000.
- **Minimum tax on preference income**—If preference income exceeds \$8,000 (\$4,000 for Single or Married filing separate). See instructions for line 79, for discussion of preference income.

B. Part-year Residents and Nonresidents of California

Part-year residents and nonresidents are required to file **Form 540NR**. For more information, get **Form 540NR** and instructions.

C. Deceased Taxpayer

The executor, administrator, or the surviving spouse must file a return for a person who was required to file but who died before filing the return. See Filing Status, Death of Taxpayer in 1980.

D. Military Personnel

- California military personnel are not subject to tax on their military pay when serving at an out-of-state post of duty under permanent orders. A return may be required if the spouse remains a resident of California and/or the military person or spouse has income from within California.
- Nonresident military personnel serving at posts of duty in California are not subject to tax on their military pay. A return may be required if California is made the permanent residence of the military person, or the military person or spouse has income from within California.

For more information, get forms **FTB 1032** (Military Personnel Income Tax Liability) and **FTB 1038** (Guidelines for Preparing Returns).

Who Should File

Even if you are not required to file, you should file to get a refund if California income tax was withheld or you qualify to claim the renter's credit.

Pollution Abatement Equipment Credit

Water Conservation Credit

These are new credits. See instructions for lines 69 and 70.

Solar Energy Credit

This credit is now refundable if your adjusted gross income is less than \$30,000 (married filing joint return) or \$15,000 (all other filers).

Forms and Assistance

If you need assistance in preparing your tax return see page 48.

1980 Tax Table

Separate tax tables for each filing status have been provided for 1980. You must use the table that corresponds to your filing status to find your tax. See pages 39 through 42.

Which Form to File

• Residents—Forms 540 or 540A

You **may be able to use Form 540A** if you meet **all** of the following requirements:

- You were a **full-year** resident.
- You had **only** wages, salaries, tips, interest and dividend income.
- You did not have more than \$400 in interest income or \$400 in dividend income.

You **must use Form 540** if:

- Your spouse files a separate return and itemizes deductions.
- You are claiming filing status of **Qualifying widow(er) with dependent child**.
- You claim adjustments to income other than **Military Exclusion**.
- You itemize your deductions. You should itemize if your deductions are more than:
 - \$1,290 and you are Single; or Married, filing a separate return.
 - \$2,580 and you are Married, filing a joint return; Head of Household; or a Qualifying Widow(er).
- You claim credits against the tax other than **exemption credits, special low income credit, or renter's credit**.
- You made 1980 California estimated tax payments, have a tax credit from your 1979 return, or made a payment with a filing extension request.
- You claim excess California SDI tax withheld.

Since **Form 540A** is easier to complete than Form 540, you should use it if you meet the above-mentioned requirements.

- Part-year Residents and Nonresidents—**Form 540NR**
- Renter's Credit

If you are filing for the renter's credit you must complete **Schedule H (540)** and attach it to your tax return. See the instructions for line 88.

If you are filing only for the purpose of receiving the renter's credit, file Form 540A.

When to File

Not later than **April 15, 1981**, except:

- June 15, 1981 for persons living or traveling outside the United States.
- Within six months after return to the United States for members of the United States armed forces or the merchant marine who serve outside the United States.
- If you know that you cannot meet the deadline, you should, before the original due date, ask for an extension on form **FTB 3502** (Application for Automatic Extension of Time to File Personal Income Tax Return). See Reminders, item G, **Filing Extension**.

Steps for Preparing Your Return

We suggest that you prepare your Federal return first, since much of the information required on your California return will be the same. In many cases when California and Federal laws are similar, the California instructions do not repeat all the requirements but, instead, explain the differences.

You may find it helpful to use the following steps as a checklist. Simply check (✓) off each step when completed.

Step 1

Get all of your income records together.

These include any Forms W-2, W-2P, 599, and 1099 that you may have.

If you have not received a Form W-2 by January 31 or if Form W-2 is incorrect, contact your employer as soon as possible. Only your employer can give you a Form W-2 or correct it.

If you are unable to obtain a Form W-2 by February 15, complete form FTB 3525 (Employee's Substitute Wage and Tax Statement) to show the California income tax withheld and attach it to the face of your return.

Step 2

If you plan to take tax credits or itemize deductions, get all the information and expense records you will need.

Step 3

Get any forms or schedules you need.

Before you fill in your return, you may want to look it over to see if you need more forms or schedules. Some Federal forms and schedules may be used with your California return. See "Related Federal/California Tax Forms" on page 38.

If you think you will need any other forms, get them before you start completing your return. To get forms, see "Forms and Assistance" on page 48.

Step 4

Use the mailing label on the forms we sent you and make sure it is correct.

If it isn't, please correct it. Use of the label ensures correct account identification, speeds refunds, and saves processing costs.

Step 5

Fill in your return.

We have listed line-by-line instructions for filling in the Form 540. Please follow them.

Step 6 picks up on page 11.

Line-by-Line Instructions—Form 540

Name, Address, and Social Security Number Blocks

Please use the mailing label on the forms booklet we sent you. If you did not receive a forms booklet with a label, print or type your name and address. If you are married, give social security numbers for both you and your spouse whether you file joint or separate returns.

If you are filing a joint return, please show the social security numbers in the same order that you show your first names. If you are filing a joint return and use different last names, please separate the last names with an "and". For example: "Brown and Smith". Be sure to show the last names in the same order that you showed the first names.

Remember to show your occupations in the spaces in the upper right corner just below the social security number blocks.

Filing Status

Boxes 1 through 5

Place an "X" in the box which shows your filing status.

Box 1 Single

California filing status requirements are the same as Federal.

Box 2 Married Filing Joint Return

California filing status requirements are the same as Federal except:

- A joint return cannot be filed if one spouse was a resident of California for the entire year and the other spouse was a nonresident for all or any portion of the year. This does not apply to members of the armed forces on active duty.
- California does not follow the Federal "Special Rule for Aliens".

Box 3 Married Filing Separate Returns

California filing status requirements are the same as Federal. Enter your spouse's social security number in the space provided in the upper right corner of Form 540 and your spouse's full name on the line provided at box 3. Since California is a community property state, community income and deductions must be divided equally.

- A separate return must be filed if one spouse was a resident of California for the entire year and the other spouse was a nonresident for all or any portion of the year. This does not apply to members of the armed forces on active duty.

Box 4 Head of Household

California filing status requirements are the same as Federal except that Federal excludes nonresident aliens. Enter the name of the person (other than yourself or spouse) who qualifies you to file as Head of household on the line provided at box 4.

Box 5 Qualifying Widow(er) With Dependent Child

California filing status requirements are the same as Federal. Enter the year of death of your spouse in the space provided at box 5 and the name of the qualifying dependent at line 8.

Death of Taxpayer in 1980

A joint return for you and your deceased spouse may be filed by you, and the executor or administrator, provided you did not remarry before the end of 1980. If an executor or administrator has not been appointed, you may file a joint return and indicate in the signature area that you are filing as the surviving spouse.

If you did remarry during 1980, you may file as "Married filing joint return" (box 2) with your new spouse. A return should be filed for your deceased spouse with a filing status of "Married filing separate return" (Box 3).

Show the date of death in the name and address area. This should be done by listing the deceased person's name followed by "deceased" and the date of death. If a refund is due, obtain form FTB 3545 (Statement of Claimant to Refund Due—Deceased Taxpayer).

Exemption Credits

The qualifications for claiming the personal, blind, and dependent exemption **credits** are substantially the same as for claiming the Federal exemptions to income. The California credits are deducted directly from your California income tax, whereas the Federal exemptions reduce the amount of income on which your Federal income tax is figured.

California has no additional exemption credit for persons over age 65.

Line 6—Personal

Enter the allowable personal exemption credit on line 6 based upon your filing status.

- If box 1 or 3 checked, enter \$32
- If box 2, 4 or 5 checked, enter \$64

Line 7—Blind

California rules for qualification follow Federal. If you or your spouse qualify, you may claim a credit of \$10 on line 7. If both you and your spouse qualify, enter \$20 on line 7. If proof of blindness was attached to a prior year California return, it need not be filed again as long as the condition remains unchanged.

Line 8—Children and Other Dependents

You may claim a credit of \$10 for each qualifying dependent. California rules for qualification follow Federal except:

- You **may not** take the \$10 credit for the person who qualifies you for Head of household.
- You can claim a \$10 credit if you supported an elementary or high school student (not a dependent or relative) in your home for at least 6 months under a written agreement with a charitable organization. No reimbursement for expenses can be received, and you cannot deduct the expenses as a charitable deduction.
- Subjects or citizens of a foreign country may not be claimed as dependents, unless at some time during 1980 they were residents of the United States, District of Columbia, Puerto Rico, any United States possession, Canada, Mexico, Republic of Panama, or the Canal Zone.

Enter the name and relationship of each dependent in the space provided at line 8. Multiply the number of dependents by \$10 and enter the total amount on line 8.

Line 9—Total Exemption Credits

Add lines 6, 7, and 8 and enter total on lines 9 and 62.

Income

All income received, unless specifically exempted, must be reported on the return even though it may be offset by adjustments and deductions. The rules for reporting income are generally the same as Federal except as noted below or in the instructions for preparing supporting schedules. Residents who leave California for a temporary stay are considered to be residents during their absence and are taxable on all of their income.

Rounding Off to Whole Dollars

You may round off cents to the nearest whole dollar on your return and schedules.

Line 12—Wages, Salaries, Tips, etc.

There are no major differences between California and Federal laws, except:

- Income from the Senior Companion Program and the Foster Grandparent Program is excludable.

Line 13—Interest Income

The major difference between California and Federal law is that California does not tax interest earned on certain government obligations, including:

- Interest on bonds of the United States, the District of Columbia, and possessions of the United States.
- Interest on bonds of the State of California and its political subdivisions.
- Interest on mutual funds invested in California municipal bonds.

California *does* tax interest on obligations of other states and their political subdivisions.

If the total is more than \$400, complete and attach **Schedule B (Form 540)**.

Line 14—Dividends

The major differences between California and Federal law are:

- California has no dividend exclusion.
- California does not allow capital gain treatment of dividends. All dividends are taxable as ordinary income.
- Amounts received as distributions from "small business corporations" (Federal Subchapter S) are dividends for California purposes and are taxable.

If the total is more than \$400, complete and attach **Schedule B (Form 540)**.

Line 15—Alimony Received

California law follows Federal.

Line 16—Business Income (or Loss)—Attach Schedule C (Form 540)

See **Schedule C** instructions for the minor differences between California and Federal laws.

Line 17—Capital Gain (or Loss)—Attach Schedule D (Form 540)

The major differences between California and Federal laws are:

- California has different holding periods.
- No capital loss carryover is allowable if the loss arose from a capital transaction occurring while a nonresident.
- Installment sale gains arising from a sale while a nonresident are not taxable. (Note: The interest income from the installment sale is taxable while a resident.)

See **Schedule D** instructions.

Line 18—Gain on Sale of Principal Residence—Once in a Lifetime Exclusion—Attach Form FTB 3535

The major difference between California and Federal laws is:

- There is no age limitation under California law.

If you claim the exclusion, check the box at line 18 and attach form **FTB 3535**.

Line 19—Supplemental Gains or Losses—Attach Schedule D-1 (Form 540)

For differences between California and Federal laws, get **Schedule D-1** and instructions.

Line 20—Fully Taxable Pensions and Annuities
California law follows Federal.

Line 21—Pensions and Annuities—Attach Schedule E (Form 540)

The major differences between California and Federal laws are:

- Taxability of pensions and annuities with a starting date prior to January 1, 1968.
- Taxable distributions from IRA and Keogh (H.R. 10) may be different since some of the contributions may not have been deductible for California.

See **Schedule E** instructions.

Line 22—Rents and Royalties—Attach Schedule E (Form 540)

See **Schedule E** instructions for the minor differences between California and Federal laws.

Line 23—Partnerships—Attach Schedule E (Form 540)

Enter total partnership income (loss) reported at line 12 of Schedule E on line 23 of Form 540.

Line 24—Estates and Trusts—Attach Schedule E (Form 540)

Enter total estate and trust income (loss) reported at line 14 of Schedule E on line 24 of Form 540.

Line 25—Farm Income—Attach Schedule F (Form 540)

See **Schedule F** instructions for the minor differences between California and Federal laws.

Line 30—Other Income

The major differences between California and Federal laws are that California does not allow:

- A deduction for net operating loss carryover or carryback.
- Deductions of expenses from illegal activities.

Line 31—Total Income

Add lines 12 through 25 and line 30 and enter the total on line 31.

Adjustments to Income

Line 32—Moving Expenses—Attach Form FTB 3805U

The major difference between California and Federal laws is the deduction for moves into or out of California. Get form **FTB 3805U**.

Line 33—Employee Business Expense—Attach form FTB 3805N

California law generally follows Federal. Get form **FTB 3805N**. Federal form 2106 may be substituted.

Line 34—Payments to an IRA

California law follows Federal except that the California deduction for a SEP (Simplified Employee Plan) is limited to the lesser of 15% of earned income or \$2,500.

Line 35—Payments to a Keogh (H.R. 10) Retirement Plan

California law follows Federal except that the California deduction is limited to the lesser of 10% of earned income or \$2,500.

Line 36—Payments to a Self-Employed "Defined Benefit Plan"

The major difference between California and Federal laws is the amount of the allowable deduction. For California the maximum annual base compensation is \$25,000 and the maximum percentage of compensation allowed as a payment to this type plan is 3.5%.

Line 37—Military Exclusion

California law provides for an exclusion of military income. Federal has no similar law. The general guidelines for this exclusion are:

- Extended active duty—Noncombat service over 90 consecutive days—
First \$1,000 of military pay is excludable.
- Combat service and hospitalization resulting from combat—
—Enlisted personnel and commissioned warrant officers—All military pay is excludable from income.
—Commissioned officers—First \$500 per month plus up to \$1,000 of the remaining military pay is excludable from income (maximum \$7,000).
- Prisoner of war—Missing in action—
All military pay, including spouse's community interest in such pay, is excludable.
- Reserve pay, military pensions, and retirement pay—
The first \$1,000 of such pay is excludable for each person receiving this type of income. However, this exclusion must be reduced by 50 cents for each dollar that your Adjusted Gross Income (before this exclusion) exceeds the limitations below:

Single	\$15,000
Married filing joint return	
—One spouse has military income	\$15,000
—Both spouses have military income	\$30,000
Married filing separate return	
—One spouse has military income	\$7,500
—Both spouses have military income	\$15,000
Head of household	\$15,000
Qualifying widow(er) with dependent child	\$15,000

- The military exclusion is not allowable to Commissioned Officers of the U.S. Public Health Service.

Line 38—Interest Penalty on Early Withdrawal of Savings

California law follows Federal.

Line 39—Alimony Paid

California law follows Federal. Be sure to enter the name and social security number of the person receiving the alimony payments.

Line 40—Disability Income Exclusion—Attach Form FTB 3805T

California law follows Federal.

Line 45—Total adjustments

Add lines 32 through 40 and enter the total on line 45.

Adjusted Gross Income**Line 46—Adjusted Gross Income**

Subtract line 45 from line 31 and enter the result on line 46. If lines 32 through 45 are not filled in, enter the amount from line 31.

Tax Computation**Line 47**

Enter the amount from line 46.

Lines 48 through 54 and lines 58 and 59—Enter the Larger of Itemized or Standard Deductions

Determine if your itemized deductions are larger than the standard deduction shown below. If you do itemize your deductions, fill in subtotals from Schedule A (Form 540) on lines 48 through 54 and enter the total on lines 58 and 59. If you do not itemize your deductions, skip lines 48 through 54 and enter the standard deduction on line 59.

Standard deduction:

- \$1,290 if box checked on line 1 or 3.
- \$2,580 if box checked on line 2, 4 or 5.

Line 60—Taxable Income

Subtract line 59 from line 47 and enter the result on line 60.

Line 61—Tax

Use the amount on line 60 to compute your tax using one of the following methods; then enter the amount and check the appropriate box on line 61:

• Tax Table.

Be sure you use the correct Tax Table. If you checked:

- Filing status box 1 or 3, use Tax Table I (Single and Married filing separate return) on page 39.
- Filing status box 2 or 5, use Tax Table II (Married filing joint return and Qualifying widow(er) with dependent child) on pages 40 and 41.
- Filing status box 4, use Tax Table III (Head of household) on page 42.

Instructions for using the Tax Tables are at the beginning of each table. After you have found the correct tax, enter that amount on line 61.

• Income averaging—Attach Schedule G (Form 540)

You may want to use this method if there has been a large increase in your income this year and you were a California resident for the current and four preceding years. Complete and attach **Schedule G (Form 540)** to your return.

• Special averaging methods—Attach Schedule G-1 (Form 540)

There are two special averaging methods that may apply to lump-sum distributions from your qualified employee's plan. Complete and attach **Schedule G-1 (Form 540)** to your return.

—The "5-year averaging method" applies to distributions received by self-employed persons.

—The "7-year special averaging method" applies to distributions received by persons who perform services for an employer.

California has not adopted the Federal 10-year averaging provision.

Credits**Line 62—Exemption Credits**

Enter amount shown on page 1, line 9.

Line 63—Credit for the Elderly—Attach Schedule R/RP (Form 540)

The California credit is the same as the Federal credit except California follows community property laws when computing the credit whereas Federal does not. Get **Schedule R/RP (Form 540)** and instructions.

Line 64—Credit for Child and Dependent Care Expenses—Attach Form FTB 3805X

The California qualifications for this credit are the same as Federal except:

- California allows a credit of 3% of qualified employment related expenses, whereas Federal law allows 20% of such expenses.
- California does not allow any credit if your adjusted gross income on **Form 540**, line 46 is \$20,000 or more.

Get form **FTB 3805X**.

Line 65—Special Low Income Tax Credit

To qualify for this credit, **you must be** a California resident at the end of your taxable year, **you cannot have** \$1.00 or more of minimum tax on preference income (line 79), and your adjusted gross income (Form 540, line 46) **must be:**

- \$5,104 or less, if box checked on line 1 or 3.
- \$10,206 or less, if box checked on line 2, 4 or 5.

You do not qualify for this credit if your adjusted Total income (Form 540, line 31 less line 39) exceeds:

- \$10,000 if box checked on line 1 or 3.
- \$20,000 if box checked on line 2, 4 or 5.

If you qualify for this credit it may be used to reduce your tax. The credit is not refundable if it is greater than your tax. Find your credit in the table below and enter on line 65.

Single or Married Filing Separate Return (Box 1 or 3 checked)		
If line 46 is: OVER	BUT NOT OVER	CREDIT:
—	\$5,000	\$52
\$5,000	5,008	50
5,008	5,018	45
5,018	5,028	40
5,028	5,038	35
5,038	5,048	30
5,048	5,058	25
5,058	5,068	20
5,068	5,078	15
5,078	5,088	10
5,088	5,098	5
5,098	5,104	2
5,104	—	0

Married Filing Joint Return, Head of Household, Qualifying Widow(er) With Dependent Child (Box 2, 4, or 5 checked)		
If line 46 is: OVER	BUT NOT OVER	CREDIT:
—	\$10,000	\$103
\$10,000	10,012	100
10,012	10,022	95
10,022	10,032	90
10,032	10,042	85
10,042	10,052	80
10,052	10,062	75
10,062	10,072	70
10,072	10,082	65
10,082	10,092	60
10,092	10,102	55
10,102	10,112	50
10,112	10,122	45
10,122	10,132	40
10,132	10,142	35
10,142	10,152	30
10,152	10,162	25
10,162	10,172	20
10,172	10,182	15
10,182	10,192	10
10,192	10,202	5
10,202	10,206	2
10,206	—	0

Line 66—"Other State" Net Income Tax Credit— Attach Schedule S (Form 540) and a Copy of the "Other State" Income Tax Return.

If you paid a NET INCOME tax to a state or possession on income which you also report to California, you may be able to claim a credit against your California tax. No credit may be allowed for income taxes paid to any city, the Federal government, or a foreign country. Get Schedule S (Form 540) to see if you qualify.

Line 67—Agricultural Irrigation Equipment Tax Credit

You may qualify for this tax credit if you purchased new or used irrigation equipment which reduces agricultural water use on land used to produce farm income. For more information, get Schedule F (Form 540) instructions.

Line 68—Jobs Tax Credit—Attach Form FTB 3524

Employers who have employees that have been certified by the California Employment Development Department to have met the requirements of Section 328 of the Unemployment Insurance Code, may receive a tax credit based on the amount of wages paid to these employees. The California qualifications for this credit are not the same as the Federal. For more information, get form FTB 3524.

Line 69—Pollution Abatement Equipment Tax Credit—Attach Form FTB 3522

You may qualify for this tax credit if during 1980 you installed pollution abatement equipment which is used in connection with a plant or other property to abate or control water pollution or contamination. In order to qualify for the credit, you must have been a metal finisher with 100 or less employees and not a subsidiary, division, or affiliate of an entity engaged in other unrelated operations during the year. For more information, get form FTB 3522.

Line 70—Water Conservation Credit.

You may qualify for a personal income tax credit for the cost of installing a water conservation system during 1980. Such systems are defined to mean:

1. Rainwater and grey water cisterns. Tax credits for rainwater and greywater cisterns shall be restricted as follows: Cisterns shall be totally dedicated to water conservation uses. Multiple use facilities are not eligible. Cisterns shall not include earthen impoundments. The owner shall have received approval of the local department of health for any cistern.
2. Shower and faucet flow-reducing devices.
3. Toilet modification or replacement with "low-flush."

The amount of credit is:

1. Single-family residence—55 percent of the cost not to exceed \$3,000.
2. Multiple-family residences.
 - a. \$3,000 or 25 percent of the cost (whichever is greater) if the cost exceeds \$6,000.
 - b. 55 percent of the cost not to exceed \$3,000 if the cost is \$6,000 or less.

The cost of the system includes installation charges but does not include interest charges or operating expenses.

The residence for which the system is installed must be located in California and owned by you at the time of installation.

Condominium owners who install such systems on California premises owned cooperatively by them are eligible for the credit in proportion to the number of households served by the system.

If you claim this credit, you must notify the Department of Water Resources, Division of Planning, 1416 Ninth Street, Sacramento, CA 95814, of the location of the cistern.

The credit is in lieu of any deduction for such cost to which you may otherwise be entitled. The basis of any system for which a credit is allowed shall either be reduced to its salvage value at the end of its useful life or reduced by the amount of the credit, whichever results in the lesser basis. If you and your spouse file separate returns, the credit may be taken by either or equally divided between you.

Any unused credit may be carried over to succeeding year returns. Attach a schedule to the return explaining your water conservation system and computation of the credit.

Line 77—Total Credits

Add lines 62 through 70 and enter the total on line 77.

Line 78—Balance

Subtract line 77 from line 61 and enter the difference (but not less than zero) on line 78. If line 77 is larger than line 61, enter 0.

Other Taxes

Line 79—Minimum Tax on Preference Income—Attach Schedule P (Form 540)

You may be required to pay a **minimum tax** if you have certain **tax preference** items which exceed \$8,000 (\$4,000 for Single or Married filing separate return). These items may include:

- Itemized Deductions exceeding 60% of line 46, Form 540
- Accelerated Depreciation
- Stock Options
- Depletion
- Capital Gains
- Net Farm Loss in Excess of \$50,000 (\$25,000 if Married filing separate return)
- Intangible Drilling Costs

For more information, get **Schedule P (540)**

Lines 80 and 81—Tax on IRA and Keogh

A penalty tax of 2.5% is imposed on premature distributions from individual retirement arrangements (IRA) and self-employed Keogh (H.R. 10) plans if:

- you are under 59½ years of age,
- you are or have participated in an IRA (savings account, annuity or bonds) or Keogh plan, and
- you have received a direct or indirect distribution from the plan.

For more information on IRA, get form **FTB 3805P**. For Keogh, attach a copy of your tax computation to your return.

Line 82—Total Tax on IRA and Keogh

Add lines 80 and 81 and enter total on line 82.

Line 85—Total Tax Liability

Add lines 78, 79, and 82 and enter total on line 85.

Payments

Line 86—Total California Income Tax Withheld

Enter the total of the California State Income Tax Withheld as shown on your **Form(s) W-2 and W-2P**.

Line 87—1980 California Estimated Tax Payments and Credit, and Filing Extension Payment.

- Enter on this line any payments you made on your estimated California income tax (**Form 540ES**) for 1980. Include any overpayment from your 1979 return that you applied to your 1980 estimated tax.

—If you and your spouse paid joint estimated tax but are now filing separate income tax returns, either of you can claim all of the amount paid or you can each claim a part of it. Please be sure to show both social security numbers on the separate returns.

—If you or your spouse paid separate estimated tax, but you are now filing a joint income return, add the amounts you each paid.

Follow the above instructions even if your spouse died.

- If form **FTB 3502** (Application for Automatic Extension of Time for Filing Return) was filed, add the amount paid with the application to any estimated tax paid and enter the total amount on line 87.

Line 88—Renter's Credit—Complete Schedule H (Form 540) and attach to Form 540.

You may qualify for a refundable credit of up to \$137 if you were renting and occupying a dwelling which was your principal place of residence on March 1, 1980. If the income tax you owe is less than the amount of renter's credit, a refund of the difference will be made. Instructions are provided in Schedule H.

Note: If you are required to file a **Form 540** income tax return, **Schedule H (540)** must be completed and attached to your return in order for the credit to be allowed.

Line 89—Excess California State Disability Insurance (SDI)

Note: If more than \$114 was withheld for SDI by one employer, contact that employer for refund of the excess over \$114. You cannot claim this over-withheld amount as a credit on line 89. The California SDI deducted from your wages must be shown on your **Form(s) W-2**.

The special SDI refund allowed in 1979 is not applicable for 1980.

If you had two or more employers during 1980, and together they deducted more than \$114 for California State Disability Insurance (SDI), too much may have been deducted. The amount withheld must appear on your **W-2**. If you are married, separate computations must be made for each spouse. To determine the amount of the credit, **complete steps 1 through 4** of the following worksheet and enter the amount from **step 4** on line 89.

	A. Taxpayer	B. Spouse
Step 1. Add all deductions for California SDI listed on W-2's as CA-SDI. Enter the total here		
Step 2. Subtract	\$114	\$114
Step 3. Overpayment		
Step 4. Enter total of columns 3A and 3B here and on line 89		

Line 90—Solar Energy Tax Credit—Attach Form FTB 3805L

You may qualify for a tax credit if, during 1980, you installed a solar energy system or added to a previously installed system. The California credit is **substantially** different from the Federal credit. This system must conform with the guidelines established by the California Energy Commission.

Further information can be obtained by contacting the California Energy Commission at 1-(800) 952-5670.

If you qualify for this tax credit get form **FTB 3805L** and instructions from the Franchise Tax Board. See pages 47 and 48 for forms ordering and assistance.

Line 92—Total

Add lines 86 through 90 and enter total on line 92.

Refund

Line 93—Overpaid

If line 92 is larger than line 85, subtract line 85 from line 92 and enter the result on line 93. This is the amount of tax which you have overpaid. You can choose to have all or part of this amount refunded to you (line 94). The remainder, if any, can be applied to your estimated tax for 1981 (line 95). If line 93 is under \$1, we will send you a refund only on written request attached to your tax return.

Line 94—Refund

Enter amount from line 93 to be refunded to you.

Mail your return to:

**Franchise Tax Board, P O Box 13 540
Sacramento, CA 95813**

Line 95—Credit to 1981 Estimated Tax

Enter the remaining amount from line 93 to be applied as an estimated tax payment for 1981. (Subtract line 94 from line 93 and enter the result on line 95)

The amount to be applied to your estimated tax for 1981 must be \$5 or more.

Note: Any amount entered on this line will be credited to your 1981 estimated tax, and it cannot be refunded to you until it is claimed on your 1981 return:

Balance Due

Line 96—Balance Due

If line 85 is larger than line 92, subtract line 92 from line 85 and enter the result on line 96. This is the amount of tax you owe. Attach your check or money order (for the full amount) to the front of your return when you file. Make it payable to the "Franchise Tax Board" and be sure to write your social security number on it. Do not send cash.

Mail your return to:

**Franchise Tax Board
Sacramento, CA 95867.**

Note: If the balance due is greater than \$100, you may be required to file a declaration of estimated tax for 1981: For additional information, see Form 540ES instructions on page 43.

Penalty and Interest

Line 97—Late Return and Late Payment

Late Return

Unless you can show reasonable cause for filing your return after the due date, be sure to include a 5 percent PENALTY on the **balance due** for each month or fraction of a month you file late. The maximum penalty is 25 percent of the **balance due**. If you file a late return, attach a full explanation to your return to insure correct processing.

NOTE: California law follows Federal.

Late Payment

If you pay your tax after the due date, be sure to include a PENALTY of 5 percent of the **unpaid tax** plus one-half of 1 percent per month for each month or part of a month that the **unpaid tax** is late up to a maximum of 36 months. In addition, you must include INTEREST on the **unpaid tax** from the due date to the date paid. The interest rate on unpaid tax is one-half of 1 percent each month for the first 12 months and 1 percent for each month thereafter.

Figure your penalty and interest, if any, and enter the total amount on line 97.

Line 98—Underpayment of Estimated Tax

If you underpaid your 1980 estimated tax liability for any quarter, you may owe a penalty. Get form **FTB 5805** or **5805F** (for farmers and fishermen) to see if you meet one of the exceptions. Please attach this form to the face of your Form 540 to show how you figured the penalty, or which exceptions you believe you meet, even if the underpayment results in no penalty. If you attach form **FTB 5805 (5805F)** be sure you check the box at line 98. If you owe a penalty, show the amount in the space on line 98.

NOTE: If you owe tax on line 96, include the penalty and/or interest amount with your payment. Or, if you are due a refund the Franchise Tax Board will subtract the penalty and/or interest from the refund claimed on line 94.

Line 99—1981 Tax Year Forms

If someone else prepares your return, and you do not require forms to be mailed to you next year, please check the box provided in the right-hand margin at line 99. Then instead of forms you will receive a card with your mailing label attached. This card should be given to your tax preparer so the label can be put on your return. Use of the label helps us to identify your account. Requesting that forms not be mailed cuts waste and reduces government costs.

YOU HAVE NOW COMPLETED STEP 5. CONTINUE WITH STEP 6 ON NEXT PAGE.

☐ **Step 6****Check your return to make sure it is correct.**

Be sure that all entries are on the correct lines and all required schedules are completed. Recheck your additions and subtractions.

☐ **Step 7****Sign and Date Your Return**

Form 540 is not considered a return unless you sign it. Your spouse must also sign if it is a joint return. Your telephone number is optional; however, if the need arises, our telephoning rather than writing you can provide you with a faster and more complete service through a quick exchange of information. Also, using the telephone reduces government costs.

☐ **Step 8****Did You Have Someone Else Prepare Your Return?**

Tax preparers (except California CPA's and PA's, members of the California Bar, bank and trust companies, and persons authorized to practice before the Internal Revenue Service) who, for a fee, assist with or prepare California income tax returns must be registered with the State Department of Consumer Affairs.

Generally, anyone who is paid to prepare your tax return must sign your return and fill in the other lines in the Paid Preparer's Information area of your return.

If someone prepares your return and does not charge you, that person should not sign your return.

The Person Required to Sign Your Return Must:

- Sign it in the space provided for the preparer's signature (Signature stamps are acceptable).
- Give you a copy of your return in addition to the copy to be filed with the Franchise Tax Board.

For information or to file a complaint concerning a paid preparer, contact: California Department of Consumer Affairs, Tax Preparer Program, 1420 Howe Avenue, Suite 6, Sacramento, CA 95825; phone (916) 920-6101; San Diego (714) 237-7003; Los Angeles (213) 620-2686; San Francisco (415) 557-3423.

☐ **Step 9****Attachments**

Attach Copy 2 of **Form(s) W-2 and W-2P, Form FTB 5805 (5805F)**, and any correspondence, to the front of **Form 540**. Attach schedules in alphabetical order and other forms in numerical order to the back of **Form 540**.

If you owe tax, be sure to attach your check or money order to the front of **Form 540**. Write your social security number on the check or money order. Do **not** send cash.

If you need more space on forms or schedules, you should attach separate sheets and use the same format as the printed forms but show your totals on the printed forms. Please use sheets that are the same size as the forms and schedules. Be sure to put your name and social security number on these separate sheets.

☐ **Step 10****Where to file**

Mail **REFUND** returns to:

**Franchise Tax Board, P.O. Box 13-540,
Sacramento, CA 95813.**

Mail **BALANCE DUE** returns to:

**Franchise Tax Board,
Sacramento, CA 95867.**

REMINDERS

A. Avoid These Errors

Errors will delay the processing of your refund.

The following are the most common errors made when preparing returns:

- The social security number(s) shown on the return are not correct.
- Line 3, Spouse's social security number is not shown in the space provided in the upper right corner of the return when filing as Married filing separate return.
- Line 4, Name of the person qualifying you for Head of household is not shown. Do not list yourself and/or your spouse or persons entered on line 8 as dependents.
- Line 8, Names of dependents are not listed. (Do not include yourself and/or your spouse or the person entered on line 4 as a dependent.)
- Line 61, Wrong Tax Table is used.
- Line 86, Federal Income Tax, F.I.C.A., or SDI is claimed as California income tax withheld.
- W-2 form(s) and/or supporting schedules are not attached and/or incorrect amounts are entered from them.

B. Information Telephone Service for the Deaf

Individuals who are hard of hearing or deaf and have access to a Telephone Teletypewriter (TTY) can take advantage of this service. The Franchise Tax Board will accept calls for and relay messages to any California state agency. By using the following procedure, you will only pay the toll charge for your initial call: Call (916) 355-0880 using TTY and give your name and TTY telephone number. The Franchise Tax Board will call you right back to get your message, then contact the agency desired, and relay its reply to you.

C. Income Tax Withholding for 1981

Some married couples who file joint returns are experiencing problems in having the correct amount of California tax withheld when both spouses are employed. Married couples who find themselves in this situation should either: (a) Revise their state withholding by revising the certification (**Form DE-4** or **W-4**) on file with their employer; or (b) make quarterly payments of estimated tax on Forms 540ES.

D. How Long Should Records be Kept?

Generally, records of your income, deductions, and credits should be kept for 4 years from the due date of the return. Some records, such as those relating to the purchase of a home, should be kept as long as they are applicable. Copies of your tax returns should also be kept as part of your records.

E. Changes to Your Federal Returns

If your Federal return is changed or audited, you are required to report any change to the Franchise Tax Board within 90 days of the Federal change.

F. Amended California Return

If you have an adjustment to make on your previously filed California return, an amended return should be filed on **Form 540X**. To speed processing, include your daytime (8 a.m. to 5 p.m.) telephone number on all amended returns or correspondence regarding your account.

G. Filing Extension

If you find it necessary to apply for an extension of time to file your return, use form **FTB 3502** (Automatic Extension of Time to File the Individual Income Tax Return). The extension **does not** extend the due date of any tax you owe. The full amount of tax must be paid at the time you submit the form **FTB 3502** to avoid any interest and penalties being added. (See the instructions for line 87 to claim the tax paid with your form **FTB 3502**.)

H. Homeowners and Renters Assistance

Do you have a relative or friend who is age 62 or over, OR is blind or disabled? They may qualify for a rebate of their **property taxes or rent payments**, if their income for the past year was under \$12,000. The filing period for this program is May 16 through August 31. If your relatives and friends have not heard about Homeowners and Renters Assistance, ask them to contact the Franchise Tax Board for further information.

I. Did You Move?

If you moved before receiving an expected refund or billing from the Franchise Tax Board, you should:

- File a change of address form with the Post Office and
- Give the Franchise Tax Board your new address. See "Telephone Numbers for State Tax Information" on page 48.

Privacy Notification

The Information Practices Act of 1977 and the Federal Privacy Act require this department to provide the following to individuals who are asked by the Operations Division of the Franchise Tax Board to supply information:

The principal purpose for requesting tax return information is to administer the Personal Income Tax Law of the State of California. This includes the determination and collection of the correct amount of tax.

The California Revenue and Taxation Code requires every individual taxable under Part 10 (Personal Income Tax) meeting the income requirements to file a return or statement in such form as prescribed by the Franchise Tax Board (Sections 18401 and 18431) and the regulations pertaining thereto). Individuals filing tax returns, statements, or other documents are required to include their social security numbers for proper identification and return processing (Section 18431 and the regulations pertaining thereto).

It is mandatory to furnish all the appropriate information requested by the return forms and related data when a return or statement is required to be filed. The law provides penalties for failure to file a return, failure to supply information required by law or regulations, failure to furnish specific information required on return forms or for furnishing fraudulent information. Failure to provide all or part of the requested information may also result in disallowance of claimed exemptions, exclusions, credits, deductions, or adjustments which may result in increased tax liability, loss or

delay in issuance of a refund for overpayment, interest and penalty charges on unpaid taxes, and other sanctions against the taxpayer.

As authorized by law, information furnished on this form may be given to the United States Internal Revenue Service, the proper official of any state imposing an income tax or a tax measured by income, the Multistate Tax Commission, and to the following governmental agencies and officials of this State: Attorney General, Auditor General, Board of Control, Board of Equalization, California Parent Locator Service, county welfare departments and probation officers, Department of Finance, Department of Social Services, District Attorneys, Employment Development Department, Legislative Analyst, Legislative Committees, local tax administrators, Office of the State Controller and the Registry of Charitable Trusts.

For the purpose of collecting the amount due from individuals with outstanding tax liabilities, the total amount due may be disclosed to: employers, financial institutions, County Recorder, vacation trust funds, process agents, and other payers.

An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board. The official responsible for maintaining the information is: Director, Taxpayer Services, Franchise Tax Board, Sacramento, California 95867, Telephone No. (916) 355-0370.

STATE OF CALIFORNIA—FRANCHISE TAX BOARD

INSTRUCTIONS FOR SCHEDULE A (FORM 540)

ITEMIZED DEDUCTIONS—Complete your Federal Schedule A (1040) before filling out your Schedule A (540). California law follows Federal except as explained below.

- California Tax Law does not allow deduction for **California State Disability Insurance (SDI)** or any state, local, federal or foreign income taxes.
- Federal law no longer allows **gasoline tax** as an itemized deduction, however California still allows this deduction. The chart for computation of the gasoline tax deduction is located below. Use the chart located in your Federal instructions (1040) to determine your California **sales tax** deduction.
- California allows a deduction of 10 cents per mile for individuals who use their cars for services performed for charitable organizations, whereas Federal allows 9 cents per mile.
- Persons who qualify and elect to **postpone** their **property taxes** by submitting State of California certificates to the county tax assessor instead of cash, may still deduct the tax as if paid in the taxable year the certificate was submitted.
- California does not allow the deduction of **interest expense** connected with income that is not taxable by California.
- The California limitation for the deduction of **interest on investment indebtedness** may be different than the Federal limitation.

The limitation for interest on investment indebtedness incurred **after** September 10, 1975 is the sum of (1) \$10,000 (\$5,000, if married filing a separate return), (2) a prorated portion of net investment income, and (3) excess expenses from "net lease property".

The limitation for interest on investment indebtedness incurred **before** September 11, 1975, but after December 16, 1969, is the total of (1) \$25,000 (\$12,500, if married filing a separate return), (2) a prorated portion of net investment income, (3) excess expenses from net lease property, (4) net capital gain from investment property, and (5) one-half the amount by which the investment interest for this period exceeds the total of (1) through (4).

- Total allowable **contributions** on line 24 cannot exceed 20% of line 46 of Form 540.
- Contributions** made prior to 1974 may not be included in the contribution carryover on line 23.
- Casualty or theft losses** of trade, business, rental, royalty or other income producing properties should be reported on Schedule D-1 (Form 540), Supplemental Gains or Losses. Get that form for reporting instructions. Federal Form 4684 may be submitted if you had more than one casualty or theft loss during the tax year.
- For the years 1977–1984 you can deduct up to \$25,000 of the cost for repairing or remodeling any building or vehicle owned or leased by the taxpayer to permit **elderly individuals** (age 65 or over) or the **handicapped** free access. (See Section 17238.)
- You can deduct **political contributions** up to \$100 a year. A married couple filing a joint return can deduct up to \$200 a year. However, you cannot take political contributions as a tax credit, as under Federal Law.
- You can deduct that portion of **child adoption expenses** which exceeds 3% of your adjusted gross income entered on Form 540, line 46. Such expenses include any medical and hospital costs of the natural mother of the child and any welfare agency, legal and other fees or costs relating to the adoption. This deduction cannot exceed \$500 on each separate return of a husband and wife, or \$1,000 for all other taxpayers.

The 3% limitation (of your adjusted gross income) does not apply if the child you adopt is a "hard to place" child. A "hard to place" child is defined as a child who is disadvantaged because of adverse parental background, or a handicapped child, or a child of the age of three years or older. The maximum deductions are the same as above. Child adoption expenses do not apply to expenses incurred in connection with the adoption of any stepchild of the taxpayer or spouse.

- Note:** If your **itemized deductions** are more than 60% of line 46 of Form 540, the excess may be considered an item of tax preference and you may be subject to the tax on preference items. Get **Schedule P (Form 540), Minimum Tax on Preference Income**.

CALIFORNIA AUTO LICENSE FEE GUIDE

You can deduct California motor vehicle license fees, **less** the annual registration fee of \$11. Vehicles with commercial license plates must also **subtract** weight fees from the total license fee as shown in the commercial vehicle table below. The balance is deductible on line 14 of Schedule A (Form 540).

Commercial vehicles: Unladen Weight	Weight Fee	Registration	Total	Commercial vehicles: Unladen Weight	Weight Fee	Registration	Total
—0–2,999 lbs.	\$5.00	\$11.00	\$16.00	9,001–10,000 lbs.	\$146.00	\$11.00	\$157.00
3,000–4,000 lbs.	15.00	11.00	26.00	10,001–11,000 lbs.	165.00	11.00	176.00
4,001–5,000 lbs.	32.00	11.00	43.00	11,001–12,000 lbs.	186.00	11.00	197.00
5,001–6,000 lbs.	62.00	11.00	73.00	12,001–13,000 lbs.	207.00	11.00	218.00
6,001–7,000 lbs.	83.00	11.00	94.00	13,001–14,000 lbs.	228.00	11.00	239.00
7,001–8,000 lbs.	104.00	11.00	115.00	14,001 and over	247.00	11.00	258.00
8,001–9,000 lbs.	124.00	11.00	135.00				

CALIFORNIA STATE GASOLINE TAX GUIDE (7c a gallon)

You may figure the deduction for State tax on gasoline used in your car by using the following table. If all or part of your mileage was driven in a four-cylinder (or less) car, the deduction for that mileage should be one-half of the table amount. If you can establish that you paid a larger amount you are entitled to deduct that amount. Enter deduction on line 11 of Schedule A (Form 540).

Mileage	Tax	Mileage	Tax	Mileage	Tax
Under 3,000	\$12	9,000 to 9,999	\$55	16,000 to 16,999	\$95
3,000 to 3,999	20	10,000 to 10,999	61	17,000 to 17,999	101
4,000 to 4,999	26	11,000 to 11,999	67	18,000 to 18,999	107
5,000 to 5,999	32	12,000 to 12,999	72	19,000 to 19,999	113
6,000 to 6,999	38	13,000 to 13,999	78	20,000 miles*	116
7,000 to 7,999	43	14,000 to 14,999	84		
8,000 to 8,999	49	15,000 to 15,999	90		

*For over 20,000 miles, use table amounts for total mileage driven. Example: for 25,000 miles add the deduction for 5,000 to the deduction for 20,000 miles. ($116 + 32 = \$148$)

STATE OF CALIFORNIA—FRANCHISE TAX BOARD
INSTRUCTIONS FOR SCHEDULE C (FORM 540)
NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

References in these instructions are to the Personal Income Tax Law, codified as Part 10 of Division 2 of the Revenue and Taxation Code

Farmers should use Schedule F.

Complete Federal Schedule C (1040) before filling out California Schedule C (540). Generally California law is the same as Federal except as explained below.

Note: Federal Schedule C (1040) may be substituted for the California **Schedule C (540)** if the amounts are the same.

- Federal law permits deduction of the excess of cost over fair market value to an original holder of stock issued by the **Federal National Mortgage Association**.

- The Federal law extends the definition of **ordinary and necessary business expenses** to include expenses paid or incurred in connection with appearances before legislative bodies where the legislation, or proposed legislation, is of direct interest to the taxpayer. California law has not been conformed to this provision.

- California prohibits deductions from gross income which are directly derived from **illegal activities** such as gambling and bookmaking; or from activities which directly tend to promote or are directly associated with illegal activities.

- No deductions are allowed either for a **"net operating loss carryover"** or **"carryback"** as permitted under Federal law.

- California applies the deduction for expenses to facilitate use by **handicapped or elderly individuals** (age 65 or over) to a residence as well as to a business facility.

- Where a Federal tax credit is allowed for **wages to provide new jobs**, the wages are disallowed as a Federal deduction; however, such wages are still allowable as a California deduction.

- As a result of 1978 legislation, Federal law allows coal mine operators to deduct contributions to certain **"black lung benefit trusts."** There is nothing comparable in the California law.

- There are extensive differences in **depletion allowances** between California and Federal. Specific information may be obtained by calling the information number listed in the booklet.

- The allowable methods for computing **depreciation**, including additional first-year depreciation, are the same as for Federal income purposes, with the following exceptions:

- Salvage value rule on depreciable personal property (other than livestock) with a useful life of three years or more, is applicable to such property acquired after December 31, 1962 (October 16, 1962 for Federal).
- Use of the 200 percent declining balance and sum-of-the-years-digits methods are applicable to new property acquired after December 31, 1958 (December 31, 1953 for Federal).

- The credit for any solar energy system shall be in lieu of any deduction for depreciation. The basis of any solar energy device for which a credit is allowed shall immediately either be reduced to its salvage value at the end of its useful life, or reduced by the amount of the credit, whichever results in the lesser basis.

- For California purposes, the deductions for contributions to self-employed retirement plans (commonly known as **Keogh or HR-10 plans**) are limited to the lesser of 10 percent of earned income or \$2,500.

- Contributions to a **"defined benefit retirement plan"** may exceed the \$2,500 limitation.

- Deductions (limited to cost) for **agricultural products donated** to a nonprofit charitable organization are allowed in addition to the deduction allowed for trade or business expenses by any person engaged in the business of processing, distributing, or selling any agricultural product.

- Amortization of Air and Water Pollution Control, Alternative Energy, and Cogeneration Expenditures**

- The Federal law requires certification for air and water pollution control facilities both by a State agency and by a Federal certifying authority; California requires certification only by the State Department of Health Services.

- Federal law applies only to facilities installed in plants in operation before 1976; California does not have this limitation.

- Federal law does not provide for amortization of alternative energy or cogeneration equipment.

- The California law provides an optional (and irrevocable) election to use a 12-month amortization period in lieu of a 60-month period for facilities located in California. For facilities outside California the California amortization period is 60 months, the same as the Federal period. Election of 12-month amortization period is irrevocable.

You may elect to begin the amortization period either with the month or with the taxable year following completion or acquisition of the facility, and may elect to discontinue amortization at any time upon giving timely notice. For further information, get form FTB 3580.

- Amortization of Forest Land Improvements**

The California law permits a 5-year write-off of forest land improvements. This applies to expenditures to reestablish commercial tree species or to accomplish forest resource improvement work, in accordance with certain provisions of the Public Resources Code.

You may elect to begin the amortization period either with the month or the taxable year following completion of the improvement.

INSTRUCTIONS FOR SCHEDULE D (FORM 540)

(References are to the California Personal Income Tax Law, Codified as
Part 10 of Division 2 of the Revenue and Taxation Code)

- Use **Schedule D (540)** to report the sale or exchange of a capital asset.
- Use **Schedule D-1 (540)**, Supplemental Gains or Losses, to report:
 - (1) the sale, exchange, or involuntary conversion of trade or business property, and depreciable or amortizable property; or
 - (2) the involuntary conversion (i.e., a casualty or theft) of a capital asset; and
 - (3) the disposition of other noncapital assets not mentioned in (1).
- The disposition of some assets may need to be reported on **Schedule D**, **Schedule D-1**, or **both**. Generally, if you were required to fill out the comparable Federal Form 4797 you will also need to fill out **Schedule D-1** for California.
- If you elect to report the profit from a sale using the **installment method**, you must set forth on a statement attached to your return the computation of gross profit from the installment sale. You may attach a copy of the statement you furnished with your Federal return or get and attach the California form **FTB 3805E**, Installment Sale Computation. **Note:** Installment sale gains arising from a sale of a capital asset outside of California while a nonresident are not taxable to California. However, the interest income from the installment sale is taxable while a resident.
- For California, the **capital loss limitation** is different. The amount taken into account is limited to the smallest of the following:
 - (1) The amount on line 20;
 - (2) The taxable income for the taxable year (computed without regard to gains or losses from the sale or exchange of capital assets—use a side computation to determine this amount); or
 - (3) \$1,000 (\$500 in the case of a husband or wife filing separate return).
- The amount of the **capital loss carryover** for California will be different because of the amount of gain or loss taken into account. No capital loss carryover is allowable if the loss arose from a capital transaction occurring while a nonresident. Your computation of the capital loss carryover should be attached to **Schedule D**. The computation should provide a summary of **Schedule D** for the previous years starting with the initial year of loss and the effect to each subsequent tax year.
- California does not treat **certain distributions from regulated investment companies** as capital gains. Any distribution received must be reported as dividends on **Form 540 or 540NR**, line 14.
- California treatment of the gain on the **sale of your personal residence** may be different from Federal. Get form **FTB 3535** for additional information.
- The adjusted basis for **inherited property** may be different for California. Call the toll free telephone number in your area for additional information.
- For California, if you **acquired property from a decedent** by inheritance, a bequest, or devise and the decedent died:
 - (1) before January 1, 1971, the holding period begins with the date of the decedent's death.
 - (2) after December 31, 1970 and such property is sold or disposed of within five years after the decedent's death, the property shall be treated as being held for more than one year but not more than five years.
- California includes as a capital asset **certain government obligations** issued at a discount on or after March 1, 1941, payable without interest, and maturing at a fixed date not more than one year from the date of issue.
- The amount of loss on the disposition of **small business stock** acquired after November 6, 1978 and before January 1, 1979 is different for Federal.
- The **items requiring special treatment** under California law are substantially the same as Federal except the amounts taken into account may be different from Federal due to the effective dates.
- The Federal adjustment to capital gains based on the **investment interest expense deduction** is different. California does not have an alternative tax computation for capital gains.

Preference Income

You may be required to pay a **minimum tax** if you have certain **tax preference** items which exceed \$8,000 (\$4,000 for Single or Married filing separate return). These items may include:

- Itemized Deductions exceeding 60% of line 46, Form 540 or line 46, column B, Form 540NR
- Accelerated Depreciation
- Stock Options
- Depletion
- Capital Gains
- Net Farm Loss in Excess of \$50,000 (\$25,000 if Married filing separate return)
- Intangible Drilling Costs

For more information, get **Schedule P (Form 540)**

Complete your Federal Schedule D (1040) before filling out your California Schedule D (540). Generally, California law is the same as Federal except as explained below.

- For **California**, the following **percentages of the gain or loss** realized shall be taken into account in computing taxable income:
 - Part I—100% if the capital asset was held for one year or less.
 - Part II—65% if the capital asset was held for more than one year but not more than five years.
 - Part III—50% if the capital asset was held for more than five years.

INSTRUCTIONS FOR SCHEDULE E (FORM 540)

Complete your Federal Schedule E (1040) before filling out your California Schedule E (540). Generally California law is the same as Federal except as explained below:

• PENSIONS AND ANNUITIES

Under California law, if you paid part or all of the cost and your first payment was received before 1968, you must report as income each year 3 percent of the total amount you paid. (If you received less than 3 percent of your cost, you report only the actual amount received.) The difference between the amount received and 3 percent of your cost is excluded from income until your full cost has been recovered, after which the entire amount received must be included in income.

• RENTS AND ROYALTIES

The allowable methods for computing **depreciation**, including additional first-year depreciation, are the same as for Federal income tax purposes, with the following exceptions:

- (1) Salvage value rule on depreciable personal property (other than livestock) with a useful life of three years or more, is applicable to such property acquired after December 31, 1962 (October 16, 1962 for Federal).
- (2) Use of the 200 percent declining balance and sum-of-the-years'-digits methods are applicable to new property acquired after December 31, 1958 (December 31, 1953 for Federal).
- (3) California applies the deduction for expenses to facilities used by the handicapped or elderly individuals (age 65 or over) to a residence, Federal does not.

- (4) The credit for any solar energy system shall be in lieu of any deduction for depreciation. However, depreciation may be taken in lieu of the credit, and on the cost of the system that exceeds the credit. Federal does not have this provision. The basis of any solar energy device for which a credit is allowed shall immediately either be reduced to its salvage value at the end of its useful life, or reduced by the amount of the credit, whichever results in the lesser basis.

Did you have a **solar energy system** installed in connection with your rental or business during 1980? If so, you may qualify for a tax credit. The system must conform with the guidelines established by the California Energy Commission (telephone (800) 952-5670). If the system qualifies, obtain form FTB 3805L and instructions for additional information.

Extensive differences in **depletion** allowances exist between California and Federal law. Specific information may be obtained by calling the toll-free telephone number in your area. See page 48 in the Form 540 instruction booklet.

• SMALL BUSINESS CORPORATIONS

There are no provisions in the California law, similar to those enacted in the Federal law, whereby the shareholders of certain "small business corporations" (Federal Subchapter S) may elect to report the current corporate income (or loss) as though they earned it individually. Report as dividends on line 14 of Form 540 or 540NR any income distributed to you from this type of corporation.

• NET OPERATING LOSS

No deductions are allowed either for a "net operating loss carryover" or "carryback" as permitted under Federal law.



ITEMIZED DEDUCTIONS

▶ Attach to Form 540 ▶ See Instructions for Schedule A (Form 540)

Name(s) as shown on Form 540

Your social security number

USE ONLY IF YOU DO NOT TAKE THE STANDARD DEDUCTION

Medical and Dental Expenses (not paid by insurance or otherwise)

1 One half (but not more than \$150) of insurance premiums you paid for medical care (be sure to include in line 10 below) ▶		
2 Medicine and drugs		
3 Enter 1% of Form 540, line 46		
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero.		
5 Balance of insurance premiums for medical care not entered on line 1		
6 Other medical and dental expenses:		
a Doctors, dentists, nurses, etc.		
b Hospitals		
c Others (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶		
7 Total —(Add lines 4 through 6c)		
8 Enter 3% of Form 540, line 46		
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero		
10 Total medical and dental expenses —(Add lines 1 and 9). Enter here and on Form 540, line 48 ▶		

Taxes

11 State and local gasoline (see gas tax table)		
12 Real estate		
13 General sales (see Federal sales tax tables)		
14 Personal property (boat and aircraft) (Auto license—excess of registration and weight fees (see auto license fee guide))		
15 Other (itemize) ▶		
16 Total taxes —(Add lines 11 through 15). Enter here and on Form 540, line 49 ▶		

Interest Expense

17 Home mortgage		
18 Credit and charge cards		
19 Other (itemize) ▶		
20 Total interest expense —(Add lines 17 through 19). Enter here and on Form 540, line 50 ▶		

Contributions

21 a Cash contributions for which you have receipts, cancelled checks or other written evidence		
b Other cash contributions (show to whom you gave and how much you gave) ▶		
22 Other than cash (attach statement)		
23 Carryover from 1974 and later years (attach statement)		
24 Total contributions —(Add lines 21a through 23) Enter on Form 540, line 51, the lesser of your total contributions or 20% of Form 540, line 46 ▶		

Casualty or Theft Loss(es) (each loss is deductible to the extent it exceeds \$100)

NOTE: If you had more than one loss, skip lines 25 through 28 and attach a statement (or Federal Form 4684).

25 Loss before insurance reimbursement		
26 Insurance reimbursement		
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero.		
28 Enter \$100 or amount on line 27, whichever is smaller		
29 Total casualty or theft loss—(Subtract line 28 from line 27). Enter here and on Form 540, line 52 ▶		

Miscellaneous Deductions

30 a Union dues		
b Handicapped (repairing or remodeling expenses)		
31 Other (itemize) ▶		
32 Total miscellaneous deductions —(Add lines 30 through 31). Enter here and on Form 540, line 53 ▶		

Adoption Expense

33 a Total adoption expense		
b Enter 3% of Form 540, line 46		
34 Net adoption expense —(Subtract line 33b from line 33a). See instructions for maximum limitations. Enter here and on Form 540, line 54 ▶		



INTEREST AND DIVIDEND INCOME

Attach to Form 540

Name(s) as shown on Form 540 (Do not enter name and social security number if shown on other side)

Your social security number

PART I —INTEREST INCOME

1. If you received more than \$400 in interest, complete Part I.

Interest on bonds, debentures, loans, notes, tax refunds and all types of savings accounts including banks; credit unions and postal savings is **taxable**.

Interest on the following obligations is **exempt from tax**:

- (a) Bonds and other obligations (other than tax refunds) of the United States, the District of Columbia and territories of the United States. (Interest on Philippine Islands obligations issued on or after March 24, 1934, is not exempt.)
- (b) Bonds (but not other obligations) of California and its political subdivisions issued after November 4, 1902.
- (c) Interest on bonds of Alaska issued prior to January 1, 1959.
- (d) Interest on bonds of Hawaii issued prior to August 21, 1959.

PART II —DIVIDEND INCOME

1. If you received more than \$400 in gross dividends (including capital gain dividends), complete Part II.

"Capital gain dividends" are reported as ordinary dividends for California income tax purposes and **not** as capital gains as permitted under the Federal law.

Write (H), (W), (J), for stock held by husband, wife, jointly.

[illegible]

Schedule A on reverse

C

FORM 540

CALIFORNIA PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION**(Sole Proprietorships)**

Partnerships, Joint Ventures, etc., Must File Form 565.

▶ Attach to Form 540 or 540NR

▶ See Instructions for Schedule C (Form 540).

TAXABLE

1980

YEAR

Name of proprietor

Social security number of proprietor

A Main business activity ▶

; product ▶

B Business name ▶**C** Employer identification number**D** Business address (number and street) ▶

City, State and ZIP Code ▶

E Accounting method (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**F** Method(s) used to value closing inventory:(1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)**G** Was there any major change in determining quantities, costs, or valuations between opening and closing inventory?

If "Yes", attach explanation.

H Did you deduct expenses for an office in your home?

Yes	No

PART I Income**1 a** Gross receipts or sales**b** Returns and allowances**c** Balance (subtract line 1b from line 1a).**2** Cost of goods sold and/or operations (Schedule C-1, line 8).**3** Gross profit (subtract line 2 from line 1c).**4** Other income (attach schedule).**5** Total income (add lines 3 and 4). ▶**1a****1b****1c****2****3****4****5****PART II Deductions****6** Advertising**7** Amortization**8** Bad debts from sales or services**9** Bank charges**10** Car and truck expenses**11** Commissions**12** Depletion**13** Depreciation (explain in Schedule C-2)**14** Dues and publications**15** Employee benefit programs**16** Freight (not included on Schedule C-1)**17** Insurance**18** Interest on business indebtedness**19** Laundry and cleaning**20** Legal and professional services**21** Office supplies**22** Pension and profit-sharing plans**23** Postage**24** Rent on business property**25** Repairs**26** Supplies (not included on Schedule C-1)**27** Taxes**28** Telephone**29** Travel and entertainment**30** Utilities**31** Wages**32** Other expenses (specify):**a****b****c****d****e****f****g****h****i****j****k****l****m****n****o****p****q****r****s****t****33** Total deductions (add amounts in columns for lines 6 through 32t) ▶ **33****34** Net profit or (loss) (subtract line 33 from line 5). Enter here and on Form 540 or 540NR, line 16 ▶ **34****35** If you have a loss, do you have amounts for which you are not "at risk" in this business?☐ Yes ☐ No

SCHEDULE C-1.—Cost of Goods Sold and/or Operations

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	
2 a	Purchases	2a	
b	Cost of items withdrawn for personal use	2b	
c	Balance (subtract line 2b from line 2a)	2c	
3	Cost of labor (do not include salary paid to yourself)	3	
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add lines 1, 2c, and 3 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold and/or operations (subtract line 7 from line 6). Enter here and on Part I, line 2	8	

SCHEDULE C-2.—Depreciation. Note: Instructions for Guideline Class Life System and Class Life System are contained in the instructions for form FTB 3887 (Guideline Class Life System) and form FTB 3888 (Class Life System).

Description of property or group and guideline class (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1	Total additional first-year depreciation (do not include in items below)					
2	Depreciation from form FTB 3887 (See note above)					
3	Depreciation from form FTB 3888 (See note above)					
4	Other depreciation:					
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
5	Totals					
6	Depreciation claimed in Schedule C-1					
7	Balance (subtract line 6 from line 5). Enter here and on Part II, line 13					

SCHEDULE C-3.—EXPENSE ACCOUNT INFORMATION

Enter information for yourself and your five highest paid employees. In determining the five highest paid employees, add expense account allowances to the salaries and wages. However, you don't have to provide the information for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 34, page 1, is less than \$25,000.

Name (a)	Expense account (b)	Salaries and wages (c)
Owner		
1		
2		
3		
4		
5		

Did you claim a deduction for expenses connected with:

	Yes	No
A Entertainment facility (boat, resort, ranch, etc.)?		
B Living accommodations (except employees on business)?		
C Employees' families at conventions or meetings?		
D Vacations for employees or their families not reported on Form W-2?		

CALIFORNIA PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION
(Sole Proprietorships)



Partnerships, Joint Ventures, etc., Must File Form 565.

▶ Attach to Form 540 or 540NR

▶ See Instructions for Schedule C (Form 540).

Name of proprietor		Social security number of proprietor	
A Main business activity ▶		; product ▶	
B Business name ▶		C Employer identification number	
D Business address (number and street) ▶			
City, State and ZIP Code ▶			
E Accounting method (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶			
F Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)			
G Was there any major change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes", attach explanation.			
H Did you deduct expenses for an office in your home?			

PART I Income

1 a Gross receipts or sales	1a		
b Returns and allowances	1b		
c Balance (subtract line 1b from line 1a).	1c		
2 Cost of goods sold and/or operations (Schedule C-1, line 8).	2		
3 Gross profit (subtract line 2 from line 1c).	3		
4 Other income (attach schedule).	4		
5 Total income (add lines 3 and 4).	5		

PART II Deductions

6 Advertising	28 Telephone
7 Amortization	29 Travel and entertainment
8 Bad debts from sales or services	30 Utilities
9 Bank charges	31 Wages
10 Car and truck expenses	32 Other expenses (specify):
11 Commissions	a
12 Depletion	b
13 Depreciation (explain in Schedule C-2)	c
14 Dues and publications	d
15 Employee benefit programs	e
16 Freight (not included on Schedule C-1)	f
17 Insurance	g
18 Interest on business indebtedness	h
19 Laundry and cleaning	i
20 Legal and professional services	j
21 Office supplies	k
22 Pension and profit-sharing plans	l
23 Postage	m
24 Rent on business property	n
25 Repairs	o
26 Supplies (not included on Schedule C-1)	p
27 Taxes	q
	r
	s
	t
33 Total deductions (add amounts in columns for lines 6 through 32t)	▶ 33
34 Net profit or (loss) (subtract line 33 from line 5). Enter here and on Form 540 or 540NR, line 16	▶ 34
35 If you have a loss, do you have amounts for which you are not "at risk" in this business?	☐ Yes ☐ No

SCHEDULE C-1.—Cost of Goods Sold and/or Operations

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	
2 a	Purchases	2a	
b	Cost of items withdrawn for personal use	2b	
c	Balance (subtract line 2b from line 2a)	2c	
3	Cost of labor (do not include salary paid to yourself)	3	
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add lines 1, 2c, and 3 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold and/or operations (subtract line 7 from line 6). Enter here and on Part I, line 2	8	

SCHEDULE C-2.—Depreciation. Note: Instructions for Guideline Class Life System and Class Life System are contained in the instructions for form FTB 3887 (Guideline Class Life System) and form FTB 3888 (Class Life System).

Description of property or group and guideline class (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1	Total additional first-year depreciation (do not include in items below)					
2	Depreciation from form FTB 3887 (See note above)					
3	Depreciation from form FTB 3888 (See note above)					
4	Other depreciation:					
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
5	Totals					
6	Depreciation claimed in Schedule C-1					
7	Balance (subtract line 6 from line 5). Enter here and on Part II, line 13					

SCHEDULE C-3.—EXPENSE ACCOUNT INFORMATION

Enter information for yourself and your five highest paid employees. In determining the five highest paid employees, add expense account allowances to the salaries and wages. However, you don't have to provide the information for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 34, page 1, is less than \$25,000.

Name (a)	Expense account (b)	Salaries and wages (c)
Owner		
1		
2		
3		
4		
5		

Did you claim a deduction for expenses connected with:

	Yes	No
A Entertainment facility (boat, resort, ranch, etc.)?		
B Living accommodations (except employees on business)?		
C Employees' families at conventions or meetings?		
D Vacations for employees or their families not reported on Form W-2?		



CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR

Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains
(but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 540NR

Your Social Security Number

PART I—Assets Held One Year or less

a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price less expense of sale	e. Cost or other basis, as adjusted	f. Loss if (e) is more than (d) subtract (d) from (e)	g. Gain if (d) is more than (e) subtract (e) from (d)
1. _____	_____	_____	_____	_____	_____	_____
2. Enter gain (or loss), if applicable, from line 6, Schedule D-1 (540) (attach copy)						
3. Enter your share of net gain or loss from partnerships and fiduciaries						
4. Add lines 1, 2, and 3 in column f and column g						
5. Net gain or loss, combine line 4, column f and line 4, column g						

PART II—Assets Held More Than One Year But Not More Than Five Years

6. _____	_____	_____	_____	_____	_____	_____
7. Enter gain (or loss), if applicable, from line 9, Schedule D-1 (540) (attach copy)						
8. Enter your share of net gain or loss from partnerships and fiduciaries						
9. Add lines 6, 7, and 8 in column f and column g						
10. Net gain or loss, combine line 9, column f and line 9, column g (if gain, see instructions—Preference Income)						

PART III—Assets Held More Than Five Years

11. _____	_____	_____	_____	_____	_____	_____
12. Enter gain (or loss), if applicable, from line 12, Schedule D-1 (540) (attach copy)						
13. Enter your share of net gain or loss from partnerships and fiduciaries						
14. Add lines 11, 12, and 13 in column f and column g						
15. Net gain or loss, combine line 14, column f and line 14, column g (if gain, see instructions—Preference Income)						

PART IV—Summary of Capital Gains and Losses

16. Enter amount from line 5	_____	
17. Enter 65% of the amount on line 10	_____	
18. Enter 50% of the amount on line 15	_____	
19. Enter unused capital loss carryover from preceding taxable years (attach computation)	(_____)	
20. Combine the amounts shown on lines 16, 17, 18 and 19	_____	
21. Capital gain. If line 20 shows a gain, enter here and on Form 540 or 540NR, line 17.	_____	
22. Capital loss. If line 20 shows a loss, enter here and on Form 540 or 540NR, line 17, the smallest of:		
(a) amount on line 20;		
(b) the taxable income for the taxable year (computed without regard to gains or losses from sale or exchange of capital assets); or		
(c) \$1,000 (\$500 in the case of a husband or wife filing a separate return)	_____	

Note: If the amount on line 20 is a loss and it exceeds the amount claimed on line 22, the amount of capital loss not used may be carried over to the next year.



Name as shown on Form 540 or 540NR

Your Social Security Number

Part I PENSION AND ANNUITY INCOME. If fully taxable, do not complete this part. Enter amount on Form 540 or 540NR, line 20. If you have more than one pension or annuity that is not fully taxable, attach a separate sheet listing each one with the appropriate data and enter combined total of taxable parts on line 4. If first payment was received PRIOR to 1968, see instructions for amount of taxable income to be reported.

1 a	Did you and your employer contribute to the pension or annuity?	☐ Yes ☐ No
b	If "Yes," do you expect to get back your contribution within 3 years from the date you receive the first payment?	☐ Yes ☐ No
c	If "Yes," show: Your contribution → \$	
d	Contribution received in prior years	1d
2	Amount received this year	2
3	Amount on line 2 that is not taxable	3
4	Taxable part (subtract line 3 from line 2). Enter here and Form 540 or 540NR, line 21	4

Part II Rent and Royalty Income. if you need more space use Form FTB 3805R

5 a	Have you claimed expenses connected with your vacation home (or other dwelling unit) rented to others?	☐ Yes ☐ No
b	If "Yes," did you or a member of your family occupy the vacation home (or dwelling unit) for more than 14 days during the tax year?	☐ Yes ☐ No

(a) Property description	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain in Part V) or depletion (attach computation)	(e) Other expenses (explain in Part IV)	(f) Loss	(g) Income
Amounts from form FTB 3805R						
6 Amounts from Federal Form 4835						
7 Totals					()	
8 Total rent and royalty income or (loss). Combine amounts in columns (f) and (g), line 7. Enter here and on Form 540 or 540NR, line 22						8

Part III Income or Losses from—

	(a) Name	(b) Employer identification number	(c) Loss	(d) Income
Partnerships				
	9 Add amounts in columns (c) and (d) and enter here	9	()	
	10 Combine amounts in columns (c) and (d), line 9 and enter net income or (loss)	10		
	11 Additional first-year depreciation	11	()	
	12 Total partnership income or (loss). Combine lines 10 and 11. Enter here and on Form 540 or 540NR, line 23	12		
Estates or Trusts	13 Add amounts in columns (c) and (d) and enter here	13	()	
	14 Total estate or trust income or (loss). Combine in columns (c) and (d), line 13. Enter here and on Form 540 or 540NR, line 24.	14		

Part IV EXPLANATION OF COLUMN (e), PART II

Item	Amount	Item	Amount

Part V SCHEDULE FOR DEPRECIATION CLAIMED IN PART II ABOVE. Note: Instructions for Guidelines Class Life System and Class Life System are contained in the instructions for form FTB 3887 (Guideline Class Life System) and form FTB 3888 (Class Life System).

(a). Group and guideline class or description of property	(b). Date acquired	(c). Cost or other basis	(d). Depreciation allowed or allowable in prior years	(e). Method of computing depreciation	(f). Life or rate	(g). Depreciation for this year
1. Total additional first-year depreciation (do not include in items below)						
a. Depreciation from form FTB 3887 (See note above)						
b. Depreciation from form FTB 3888 (See note above)						
c. Other depreciation						
2. Totals						



CALIFORNIA

CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR

1980

Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains
(but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 540NR

Your Social Security Number

PART I—Assets Held One Year or less

a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price less expense of sale	e. Cost or other basis, as adjusted	f. Loss if (e) is more than (d) subtract (d) from (e)	g. Gain if (d) is more than (e) subtract (e) from (d)
1.						
2.						
3.						
4.						
5.						

2. Enter gain (or loss), if applicable, from line 6, Schedule D-1 (540) (attach copy)

3. Enter your share of net gain or loss from partnerships and fiduciaries

4. Add lines 1, 2, and 3 in column f and column g

5. Net gain or loss, combine line 4, column f and line 4, column g

PART II—Assets Held More Than One Year But Not More Than Five Years

6.						
7.						
8.						
9.						
10.						

7. Enter gain (or loss), if applicable, from line 9, Schedule D-1 (540) (attach copy)

8. Enter your share of net gain or loss from partnerships and fiduciaries

9. Add lines 6, 7, and 8 in column f and column g

10. Net gain or loss, combine line 9, column f and line 9, column g (if gain, see instructions—Preference Income)

PART III—Assets Held More Than Five Years

11.						
12.						
13.						
14.						
15.						

12. Enter gain (or loss), if applicable, from line 12, Schedule D-1 (540) (attach copy)

13. Enter your share of net gain or loss from partnerships and fiduciaries

14. Add lines 11, 12, and 13 in column f and column g

15. Net gain or loss, combine line 14, column f and line 14, column g (if gain, see instructions—Preference Income)

PART IV—Summary of Capital Gains and Losses

16.	Enter amount from line 5	
17.	Enter 65% of the amount on line 10	
18.	Enter 50% of the amount on line 15	
19.	Enter unused capital loss carryover from preceding taxable years (attach computation)	()
20.	Combine the amounts shown on lines 16, 17, 18 and 19	
21.	Capital gain. If line 20 shows a gain, enter here and on Form 540 or 540NR, line 17.	
22.	Capital loss. If line 20 shows a loss, enter here and on Form 540 or 540NR, line 17, the smallest of:	
	(a) amount on line 20;	
	(b) the taxable income for the taxable year (computed without regard to gains or losses from sale or exchange of capital assets); or	
	(c) \$1,000 (\$500 in the case of a husband or wife filing a separate return)	

Note: If the amount on line 20 is a loss and it exceeds the amount claimed on line 22, the amount of capital loss not used may be carried over to the next year.



Name as shown on Form 540 or 540NR

Your Social Security Number

Part I PENSION AND ANNUITY INCOME. If fully taxable, do not complete this part. Enter amount on Form 540 or 540NR, line 20. If you have more than one pension or annuity that is not fully taxable, attach a separate sheet listing each one with the appropriate data and enter combined total of taxable parts on line 4. If first payment was received PRIOR to 1968, see instructions for amount of taxable income to be reported.

1 a	Did you and your employer contribute to the pension or annuity?	☐ Yes ☐ No
b	If "Yes," do you expect to get back your contribution within 3 years from the date you receive the first payment?	☐ Yes ☐ No
c	If "Yes," show: Your contribution → \$	
d	Contribution received in prior years	1d
2	Amount received this year	2
3	Amount on line 2 that is not taxable	3
4	Taxable part (subtract line 3 from line 2). Enter here and Form 540 or 540NR, line 21	4

Part II Rent and Royalty Income. if you need more space use Form FTB 3805R

5 a	Have you claimed expenses connected with your vacation home (or other dwelling unit) rented to others?	☐ Yes ☐ No
b	If "Yes," did you or a member of your family occupy the vacation home (or dwelling unit) for more than 14 days during the tax year?	☐ Yes ☐ No

(a) Property description	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain in Part V or depletion (attach computation))	(e) Other expenses (explain in Part IV)	(f) Loss	(g) Income
Amounts from form FTB 3805R						
6 Amounts from Federal Form 4835						
7 Totals					()	
8 Total rent and royalty income or (loss). Combine amounts in columns (f) and (g), line 7. Enter here and on Form 540 or 540NR, line 22						8

Part III Income or Losses from—

(a) Name	(b) Employer identification number	(c) Loss	(d) Income
Partnerships			
9 Add amounts in columns (c) and (d) and enter here		9	()
10 Combine amounts in columns (c) and (d), line 9 and enter net income or (loss)		10	
11 Additional first-year depreciation		11	()
12 Total partnership income or (loss). Combine lines 10 and 11. Enter here and on Form 540 or 540NR, line 23		12	
Estates or Trusts			
13 Add amounts in columns (c) and (d) and enter here		13	()
14 Total estate or trust income or (loss). Combine in columns (c) and (d), line 13. Enter here and on Form 540 or 540NR, line 24.		14	

Part IV EXPLANATION OF COLUMN (e), PART II

Item	Amount	Item	Amount

Part V SCHEDULE FOR DEPRECIATION CLAIMED IN PART II ABOVE. Note: Instructions for Guidelines Class Life System and Class Life System are contained in the instructions for form FTB 3887 (Guideline Class Life System) and form FTB 3888 (Class Life System).

(a). Group and guideline class or description of property	(b). Date acquired	(c). Cost or other basis	(d). Depreciation allowed or allowable in prior years	(e). Method of computing depreciation	(f). Life or rate	(g). Depreciation for this year
1. Total additional first-year depreciation (do not include in items below)						
a. Depreciation from form FTB 3887 (See note above)						
b. Depreciation from form FTB 3888 (See note above)						
c. Other depreciation						
2. Totals						

G

FORM 540



CALIFORNIA

INCOME AVERAGING

TAXABLE

1980

YEAR

Attach to Form 540

Name(s) as shown on Form 540

Your social security number

BASE PERIOD INCOME AND ADJUSTMENTS

		(a) 1st preceding base period year 1979	(b) 2nd preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Were you a California resident for the entire year? (Check "Yes" or "No" for each year.)	a You ☐ Yes ☐ No b Spouse ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2 California taxable income (If Tax Table used in any base year, see instruction for line 2).					
3 Accumulation distributions of trusts subject to Section 17775(a). (See form FTB 5870 or 5870A.)					
4 Adjusted base period income (subtract line 3 from line 2) If line 3 is more than line 2 enter zero.					

COMPUTATION OF AVERAGABLE INCOME

5 Were you a California resident for the entire year 1980?	a You ☐ Yes ☐ No b Spouse ☐ Yes ☐ No		
6 Taxable income for 1980 from Form 540, line 60		6	
7 Certain amounts received by owner-employees subject to penalty under Section 17112.5. (See instructions)		7	
8 Subtract line 7 from line 6.		8	
9 Accumulation distributions of trusts subject to Section 17775(a). (See form FTB 5870A.)		9	
10 Adjusted taxable income (subtract line 9 from line 8). If less than zero, enter zero		10	
11 Add columns (a) through (d), line 4, and enter here		11	
12 Enter 33 1/3 % of line 11. There is no tax savings if this amount exceeds: \$20,450 for a Single or Married filing separate return; or, \$40,900 for Married filing joint return or Qualified widow(er); or, \$23,750 for Head of household.		12	
13 Averagable income (subtract line 12 from line 10)		13	

Do not complete the rest of this form if line 13 is \$3,000 or less. You do not qualify for income averaging.

COMPUTATION OF TAX

Do not subtract personal exemptions or other credits

14 Amount from line 12		14	
15 20% of line 13		15	
16 Add lines 14 and 15		16	
17 Amount from line 7		17	
18 Add lines 16 and 17		18	
19 Tax on amount on line 18 (use 1980 tax table)		19	
20 Tax on amount on line 16 (use 1980 tax table)		20	
21 Tax on amount on line 14 (use 1980 tax table)		21	
22 Subtract line 21 from line 20		22	
23 Multiply the amount on line 22 by 4		23	
24 Tax (add lines 19 and 23). Enter here and on Form 540, line 61 and check the Schedule G Box		24	

SCHEDULE
H
FORM 540



CALIFORNIA RENTER'S CREDIT

Attach to Form 540

TAXABLE
1980
YEAR

Name(s) as shown on Form 540

Your social security number

QUESTIONS A THROUGH D AND RENTAL INFORMATION MUST BE ANSWERED IF YOU ARE CLAIMING RENTER'S CREDIT.

A. Did you, on March 1, 1980, live in rented property in California which was your principal residence?

Yes ☐ If yes, complete the following: No ☐ If no, you may **not** claim this credit.

B. Was the property you rented exempt from property tax? Yes ☐ No ☐ If yes, you may **not** claim this credit

C. Did you live with any other person who claimed you as a dependent for income tax purposes? Yes ☐ No ☐ If yes, you may **not** claim this credit

D. Did you or your spouse claim the homeowner's property tax exemption? Yes ☐ No ☐ If yes, see instructions below

CREDIT AMOUNT

☐ I was a resident of California for the entire year.

ENTER THE AMOUNT OF YOUR CREDIT ON LINE 88 OF YOUR RETURN

Enter \$60 — single
Enter \$137 — married filing joint, head of household or qualifying widow(er)
Married filing separate see special instructions below.

RENTAL INFORMATION

• Name and address of your landlord (or the person you paid your rent to) on March 1, 1980

• Address of your residence on March 1, 1980, if **different** than your present home address

(NAME)

(STREET ADDRESS)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(CITY, STATE, ZIP CODE)

(TELEPHONE NUMBER)

QUALIFICATIONS

A credit of up to \$137 may be claimed by renters who qualify. This credit is refundable. It may be claimed even when no income tax return is otherwise required to be filed. If the renter owes income tax and it is less than the credit, the excess will be refunded.

YOU **QUALIFY** FOR THIS RENTER'S CREDIT IF:

- On **March 1, 1980**, you were a resident of California; and
- On **March 1, 1980**, you rented and lived in a house or dwelling in **California** which was your **principal residence**. Owning and occupying a mobile home on rented land allows you to qualify.

YOU **DO NOT QUALIFY** FOR THE RENTER'S CREDIT IF:

- On **March 1, 1980**, you were **not** a resident of California.

- The rented house or property was exempt from property taxes (however, if you were required to pay property taxes on your possessory interest in such residence you are qualified).
- You lived with another person who claimed you as a dependent for income tax purposes.
- You or your spouse were granted the Homeowner's Property Tax Exemption. However, if your spouse maintained a residence separate from yours for the entire taxable year, and was granted the Homeowner's Property Tax Exemption on that residence, you are qualified if you otherwise meet the requirements.

SPECIAL INSTRUCTIONS FOR MARRIED FILING SEPARATE—(1) If you and your spouse are full year residents and file separate returns, the \$137 credit may be taken by either or equally divided between you. (2) If you and your spouse **lived apart** and resided in California for the **entire taxable year**, you each may claim one-half of the \$137 providing you each qualify.

NOTE: Military personnel who are not residents of California do not qualify for the renter's credit. However, if the military person's spouse enters California to stay during the tour of duty of the military person, the nonmilitary spouse is considered to be a resident and may claim the renter's credit during the months spent in California if otherwise qualified.

ATTACH TO FORM 540

STATE OF CALIFORNIA—FRANCHISE TAX BOARD

INSTRUCTIONS FOR SCHEDULE G (FORM 540)

References in these instructions are to the Personal Income Tax Law, codified as Part 10 of Division 2 of the Revenue and Taxation Code.

Income averaging may be to your advantage if your income increased substantially this year. To see if you qualify for income averaging, please read these instructions and complete lines 1–13 of this schedule. **If line 13 is \$3,000 or less you do not qualify for income averaging.**

You must attach this schedule to your Form 540 in order to choose the benefits of income averaging. Generally you may make or change this choice anytime within four years from the date you filed your return.

A. Qualification.—To be eligible for income-averaging you must meet the requirements of (1) residence, and (2) support. On a joint return, both spouses must meet these requirements.

(1) Residence.—You must have been a resident of California for the entire 1980 year. Also you must have been a resident of California during the four preceding years (1976–1979). If you were not a resident of California for any period of time during the years 1976 through 1980, **you do not** qualify for income averaging.

(2) Support.—California law follows Federal.

B. Limitations.—If you file Schedule G, you may not use the limitation on tax (subdivision (b) of Section 17112.7) for income resulting from certain distributions from an employee's trust.

C. Effect of Marital Status on Taxable Income.—California law follows Federal except for the following:

• **Computation of Adjustments for Base Period Income**

In computing your adjustments for base period income, you may not decrease an item of your income by a loss incurred by the spouse with whom you are combining your income, unless you filed a joint return with this spouse in the base period year in question.

• **Community Income**

In computing your separate earned income and deductions for the base period years, the following adjustment is required if you were married to one spouse in a base period year and are married and filed a joint return with a different spouse in 1980 and your earned income attributable to services is community income under community property law. Adjustment: Use the **larger** of your earned income or one-half of the community earned income.

California law does not follow Federal law relating to excess community income.

If income is reconstructed for any base period year, attach a statement showing computations in detail and state names under which original returns were filed.

Lines 1 and 5—Place an "X" in the boxes to show your residence status. If you are married filing a joint return, also show your spouse's residence status.

Line 2—Enter the taxable income (1976–1978, line 18; 1979, line 34) of your California income tax returns (Form 540) in columns (a) through (d). If you used the tax table to compute your tax in base period years 1976–1978, the amount to be entered in line 2 is the adjusted gross income (line 16) less the standard deduction of:

- \$1,000, if you filed as "Single" or "Married filing separate".
- \$2,000, if you filed as "Married filing joint", "Head of household" or "Qualifying widow(er) with dependent child".

Note: If, for any year, your marital status changed or you filed separate returns, it will be necessary to determine the amount to be entered on line 2 in accordance with Schedule G Instruction C.

Line 7—Enter the amount of income resulting from a premature or excessive distribution from a qualified employees' pension plan or trust to an employee who is (or was) also an owner of the business. The amount of such income is the amount subject to a penalty under Section 17112.5.

Lines 19, 20 and 21—To figure your tax, use the "1980 Tax Table" only. **Do not use any previous years' tax table or tax rate schedule.**

FRANCHISE TAX BOARD

RELATED FEDERAL/CALIFORNIA TAX FORMS

Federal Form Number	Title Or Description of Federal Form	Comparable Calif. Form	*Copy of Fed. Form May Be Submitted
W-2 (6 part)	Wage and Tax Statement	None	Yes
W-2P	Statement for Recipients of Annuities, Profit-sharing Distributions, et.	DE-2P	Yes
W-4	Employee's Withholding Allowance Certificate	DE-4	Yes
843	Claim for Refund	FTB 3543	No
1040	U.S. Individual Income Tax Return	540	No
1040-Sch A	Itemized Deductions	540-Sch A	No
Sch B	Dividends and Interest	Sch B	No
Sch C	Profit or Loss From Business	Sch C	Yes
Sch D	Gains/Losses from Sales or Exchanges of Property	Sch D	No
Sch E	Supplemental Income	Sch E	No
Sch F	Farm Income and Expense	Sch F	Yes
Sch G	Income Averaging	Sch G	No
Sch R & RP	Credit for the Elderly	Sch R & RP	No
1040A	U.S. Individual Income Tax Return—Short Form	None	No
1040ES	Declaration of Estimated Income Tax for Individuals	540ES	No
1040NR	Nonresident Alien Income Tax Return	540NR	No
1040X	Amended Individual Income Tax Return	540X	No
1042	Annual Return of Income Tax to Be Paid at Source	592	No
1042-S	Income Subject to Withholding	591	No
1065	U.S. Partnership Return or Income	565	No
1065 Sch D	Sales or Exchanges of Property (Partnership)	565 Sch D	No
1065 Sch K-1	Partners Share of Income, Credits, Deductions, etc.	Sch K on 565	No
1096	Annual Summary and Transmittal of U.S. Information Returns	596	No
1099-DIV	U.S. Information Return—Dividends & Distributions	599	Yes
1099-F	U.S. Information Return—Certain Fishing Boat Crew Members	599	Yes
1099-INT	U.S. Information Return—Interest Income	599	Yes
1099L	U.S. Information Return—Distributions in Liquidation	599L	Yes
	During Calendar Year		
1099-MED	U.S. Information Return—Medical and Health Care Payments	599	Yes
1099-MISC	U.S. Information Return—Miscellaneous Income	599	Yes
1099-OID	U.S. Information Return—Original Issue Discount	599	Yes
1099-PATR	Taxable Distribution Received from Co-operation	599	Yes
1099R	Lump Sum Distribution from Profit Sharing and Retirement Plan	599R	Yes ¹
1310	Statement of Claimant to Refund Due Deceased Taxpayer	FTB 3545	No
2038	Questionnaire—Exemption Claimed for Dependent	FTB 3805A	No
2106	Employee Business Expense and Educational Expense	FTB 3805N & FTB 3805Y	Yes
2119	Statement—Sale or Exchange of Personal Residence	FTB 3535	No
	\$100,000 Gain Exclusion—Personal Residence		
	(Federal minimum age 55.) (State no minimum age.)		
2120	Multiple Support Declaration	540M	Yes
2210	Underpayment of Estimated Income Tax by Individuals	FTB 5805	No
2210-F	Underpayment of Estimated Tax—Farmers and Fishermen	FTB 5805F	No
2440	Disability Income Exclusion	FTB 3805T	No
2441	Credit for Child and Dependent Care Expenses	FTB 3805X	No
3903	Moving Expense Adjustment	FTB 3805U	Yes ²
4571	Explanation for Late Filing or Late Payment of Tax	FTB 3576	No
4684	Casualty and Theft Worksheet for Individuals	None	Yes
4797	Supplemental Gains or Losses	Sch D-1	No
4835	Farm Rental Income and Expenses	None	Yes
4852	Employee's Substitute Wage & Tax Statement	FTB 3525	No
4868	Application for Automatic Extension of Time to File U.S. Individual Income Tax Return	FTB 3502	No
4970	Tax on Accumulated Distribution of Trusts	FTB 5870A	No
4972	Special Income Averaging Method	Sch G-1	No
5329	Individual Retirement and Savings Return	FTB 3805P	No
5695	Energy Credits	FTB 3805L	No
5884	Jobs Tax Credits	FTB 3524	No

*Where indicated copies of Federal forms may be submitted provided the amounts for State of California purposes are identical, otherwise a separate State form must be submitted reporting the correct amounts.

¹ For all plans except self-employment plans.

² Except for Part-year residents and nonresidents.

TAX TABLE I for SINGLE (Filing Status Box 1) and MARRIED FILING SEPARATE RETURN (Filing Status Box 3)

TO FIND YOUR TAX: Read down the income column until you find your income as shown on Form 540 or 540NR, line 60, or Form 540A, line 17. Read across to the column headed "YOUR TAX IS --", enter this amount on Form 540 or 540NR, line 61, or Form 540A, line 18.

TAXABLE
1980
YEAR

IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -
OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓
0	50	0	6,450	6,550	123	12,950	13,050	455	19,450	19,550	1,000	25,950	26,050	1,706
50	150	1	6,550	6,650	126	13,050	13,150	462	19,550	19,650	1,010	26,050	26,150	1,717
150	250	2	6,650	6,750	130	13,150	13,250	469	19,650	19,750	1,020	26,150	26,250	1,728
250	350	3	6,750	6,850	134	13,250	13,350	476	19,750	19,850	1,030	26,250	26,350	1,739
350	450	4	6,850	6,950	138	13,350	13,450	483	19,850	19,950	1,040	26,350	26,450	1,750
450	550	5	6,950	7,050	142	13,450	13,550	490	19,950	20,050	1,050	26,450	26,550	1,761
550	650	6	7,050	7,150	146	13,550	13,650	497	20,050	20,150	1,060	26,550	26,650	1,772
650	750	7	7,150	7,250	150	13,650	13,750	504	20,150	20,250	1,070	26,650	26,750	1,783
750	850	8	7,250	7,350	154	13,750	13,850	511	20,250	20,350	1,080	26,750	26,850	1,794
850	950	9	7,350	7,450	158	13,850	13,950	518	20,350	20,450	1,090	26,850	26,950	1,805
950	1,050	10	7,450	7,550	162	13,950	14,050	525	20,450	20,550	1,101	26,950	27,050	1,816
1,050	1,150	11	7,550	7,650	166	14,050	14,150	532	20,550	20,650	1,112	27,050	27,150	1,827
1,150	1,250	12	7,650	7,750	170	14,150	14,250	539	20,650	20,750	1,123	27,150	27,250	1,838
1,250	1,350	13	7,750	7,850	174	14,250	14,350	546	20,750	20,850	1,134	27,250	27,350	1,849
1,350	1,450	14	7,850	7,950	178	14,350	14,450	553	20,850	20,950	1,145	27,350	27,450	1,860
1,450	1,550	15	7,950	8,050	182	14,450	14,550	560	20,950	21,050	1,156	27,450	27,550	1,871
1,550	1,650	16	8,050	8,150	186	14,550	14,650	568	21,050	21,150	1,167	27,550	27,650	1,882
1,650	1,750	17	8,150	8,250	190	14,650	14,750	576	21,150	21,250	1,178	27,650	27,750	1,893
1,750	1,850	18	8,250	8,350	194	14,750	14,850	584	21,250	21,350	1,189	27,750	27,850	1,904
1,850	1,950	19	8,350	8,450	198	14,850	14,950	592	21,350	21,450	1,200	27,850	27,950	1,915
1,950	2,050	20	8,450	8,550	202	14,950	15,050	600	21,450	21,550	1,211	27,950	28,050	1,926
2,050	2,150	21	8,550	8,650	206	15,050	15,150	608	21,550	21,650	1,222	28,050	28,150	1,937
2,150	2,250	22	8,650	8,750	211	15,150	15,250	616	21,650	21,750	1,233	28,150	28,250	1,948
2,250	2,350	23	8,750	8,850	216	15,250	15,350	624	21,750	21,850	1,244	28,250	28,350	1,959
2,350	2,450	24	8,850	8,950	221	15,350	15,450	632	21,850	21,950	1,255	28,350	28,450	1,970
2,450	2,550	25	8,950	9,050	226	15,450	15,550	640	21,950	22,050	1,266	28,450	28,550	1,981
2,550	2,650	26	9,050	9,150	231	15,550	15,650	648	22,050	22,150	1,277	28,550	28,650	1,992
2,650	2,750	28	9,150	9,250	236	15,650	15,750	656	22,150	22,250	1,288	28,650	28,750	2,003
2,750	2,850	30	9,250	9,350	241	15,750	15,850	664	22,250	22,350	1,299	28,750	28,850	2,014
2,850	2,950	32	9,350	9,450	246	15,850	15,950	672	22,350	22,450	1,310	28,850	28,950	2,025
2,950	3,050	34	9,450	9,550	251	15,950	16,050	680	22,450	22,550	1,321	28,950	29,050	2,036
3,050	3,150	36	9,550	9,650	256	16,050	16,150	688	22,550	22,650	1,332	29,050	29,150	2,047
3,150	3,250	38	9,650	9,750	261	16,150	16,250	696	22,650	22,750	1,343	29,150	29,250	2,058
3,250	3,350	40	9,750	9,850	266	16,250	16,350	704	22,750	22,850	1,354	29,250	29,350	2,069
3,350	3,450	42	9,850	9,950	271	16,350	16,450	712	22,850	22,950	1,365	29,350	29,450	2,080
3,450	3,550	44	9,950	10,050	276	16,450	16,550	720	22,950	23,050	1,376	29,450	29,550	2,091
3,550	3,650	46	10,050	10,150	281	16,550	16,650	729	23,050	23,150	1,387	29,550	29,650	2,102
3,650	3,750	48	10,150	10,250	286	16,650	16,750	738	23,150	23,250	1,398	29,650	29,750	2,113
3,750	3,850	50	10,250	10,350	291	16,750	16,850	747	23,250	23,350	1,409	29,750	29,850	2,124
3,850	3,950	52	10,350	10,450	296	16,850	16,950	756	23,350	23,450	1,420	29,850	29,950	2,135
3,950	4,050	54	10,450	10,550	301	16,950	17,050	765	23,450	23,550	1,431	29,950	30,000	2,143
4,050	4,150	56	10,550	10,650	306	17,050	17,150	774	23,550	23,650	1,442	over 30,000		2,146 plus 11% of the amount over \$30,000
4,150	4,250	58	10,650	10,750	312	17,150	17,250	783	23,650	23,750	1,453			
4,250	4,350	60	10,750	10,850	318	17,250	17,350	792	23,750	23,850	1,464			
4,350	4,450	62	10,850	10,950	324	17,350	17,450	801	23,850	23,950	1,475			
4,450	4,550	64	10,950	11,050	330	17,450	17,550	810	23,950	24,050	1,486			
4,550	4,650	66	11,050	11,150	336	17,550	17,650	819	24,050	24,150	1,497			
4,650	4,750	69	11,150	11,250	342	17,650	17,750	828	24,150	24,250	1,508			
4,750	4,850	72	11,250	11,350	348	17,750	17,850	837	24,250	24,350	1,519			
4,850	4,950	75	11,350	11,450	354	17,850	17,950	846	24,350	24,450	1,530			
4,950	5,050	78	11,450	11,550	360	17,950	18,050	855	24,450	24,550	1,541			
5,050	5,150	81	11,550	11,650	366	18,050	18,150	864	24,550	24,650	1,552			
5,150	5,250	84	11,650	11,750	372	18,150	18,250	873	24,650	24,750	1,563			
5,250	5,350	87	11,750	11,850	378	18,250	18,350	882	24,750	24,850	1,574			
5,350	5,450	90	11,850	11,950	384	18,350	18,450	891	24,850	24,950	1,585			
5,450	5,550	93	11,950	12,050	390	18,450	18,550	900	24,950	25,050	1,596			
5,550	5,650	96	12,050	12,150	396	18,550	18,650	910	25,050	25,150	1,607			
5,650	5,750	99	12,150	12,250	402	18,650	18,750	920	25,150	25,250	1,618			
5,750	5,850	102	12,250	12,350	408	18,750	18,850	930	25,250	25,350	1,629			
5,850	5,950	105	12,350	12,450	414	18,850	18,950	940	25,350	25,450	1,640			
5,950	6,050	108	12,450	12,550	420	18,950	19,050	950	25,450	25,550	1,651			
6,050	6,150	111	12,550	12,650	427	19,050	19,150	960	25,550	25,650	1,662			
6,150	6,250	114	12,650	12,750	434	19,150	19,250	970	25,650	25,750	1,673			
6,250	6,350	117	12,750	12,850	441	19,250	19,350	980	25,750	25,850	1,684			
6,350	6,450	120	12,850	12,950	448	19,350	19,450	990	25,850	25,950	1,695			

TAX TABLE II for **MARRIED FILING JOINT RETURN (Filing Status Box 2) and QUALIFYING WIDOW(ER) (Filing Status Box 5)**

Qualifying Widow(er) status may not be claimed if you are filing a Form 540A

TO FIND YOUR TAX: Read down the income column until you find your income as shown on Form 540 or 540NR, line 60, or Form 540A, line 17. Read across to the column headed "YOUR TAX IS -", enter this amount on Form 540 or 540NR, line 61, or Form 540A, line 18.

TAXABLE
1980
YEAR

IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS -		YOUR TAX IS -
OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓
0	50	0	6,450	6,550	77	12,950	13,050	245	19,450	19,550	527	25,950	26,050	910
50	150	1	6,550	6,650	79	13,050	13,150	248	19,550	19,650	532	26,050	26,150	917
150	250	2	6,650	6,750	81	13,150	13,250	251	19,650	19,750	537	26,150	26,250	924
250	350	3	6,750	6,850	83	13,250	13,350	255	19,750	19,850	542	26,250	26,350	931
350	450	4	6,850	6,950	85	13,350	13,450	259	19,850	19,950	547	26,350	26,450	938
450	550	5	6,950	7,050	87	13,450	13,550	263	19,950	20,050	552	26,450	26,550	945
550	650	6	7,050	7,150	89	13,550	13,650	267	20,050	20,150	557	26,550	26,650	952
650	750	7	7,150	7,250	91	13,650	13,750	271	20,150	20,250	562	26,650	26,750	959
750	850	8	7,250	7,350	93	13,750	13,850	275	20,250	20,350	567	26,750	26,850	966
850	950	9	7,350	7,450	95	13,850	13,950	279	20,350	20,450	572	26,850	26,950	973
950	1,050	10	7,450	7,550	97	13,950	14,050	283	20,450	20,550	577	26,950	27,050	980
1,050	1,150	11	7,550	7,650	99	14,050	14,150	287	20,550	20,650	582	27,050	27,150	987
1,150	1,250	12	7,650	7,750	101	14,150	14,250	291	20,650	20,750	587	27,150	27,250	994
1,250	1,350	13	7,750	7,850	103	14,250	14,350	295	20,750	20,850	592	27,250	27,350	1,001
1,350	1,450	14	7,850	7,950	105	14,350	14,450	299	20,850	20,950	597	27,350	27,450	1,008
1,450	1,550	15	7,950	8,050	107	14,450	14,550	303	20,950	21,050	602	27,450	27,550	1,015
1,550	1,650	16	8,050	8,150	109	14,550	14,650	307	21,050	21,150	607	27,550	27,650	1,022
1,650	1,750	17	8,150	8,250	111	14,650	14,750	311	21,150	21,250	613	27,650	27,750	1,029
1,750	1,850	18	8,250	8,350	113	14,750	14,850	315	21,250	21,350	619	27,750	27,850	1,036
1,850	1,950	19	8,350	8,450	115	14,850	14,950	319	21,350	21,450	625	27,850	27,950	1,043
1,950	2,050	20	8,450	8,550	117	14,950	15,050	323	21,450	21,550	631	27,950	28,050	1,050
2,050	2,150	21	8,550	8,650	119	15,050	15,150	327	21,550	21,650	637	28,050	28,150	1,057
2,150	2,250	22	8,650	8,750	121	15,150	15,250	331	21,650	21,750	643	28,150	28,250	1,064
2,250	2,350	23	8,750	8,850	123	15,250	15,350	335	21,750	21,850	649	28,250	28,350	1,071
2,350	2,450	24	8,850	8,950	125	15,350	15,450	339	21,850	21,950	655	28,350	28,450	1,078
2,450	2,550	25	8,950	9,050	127	15,450	15,550	343	21,950	22,050	661	28,450	28,550	1,085
2,550	2,650	26	9,050	9,150	129	15,550	15,650	347	22,050	22,150	667	28,550	28,650	1,092
2,650	2,750	27	9,150	9,250	131	15,650	15,750	351	22,150	22,250	673	28,650	28,750	1,099
2,750	2,850	28	9,250	9,350	134	15,750	15,850	355	22,250	22,350	679	28,750	28,850	1,106
2,850	2,950	29	9,350	9,450	137	15,850	15,950	359	22,350	22,450	685	28,850	28,950	1,113
2,950	3,050	30	9,450	9,550	140	15,950	16,050	363	22,450	22,550	691	28,950	29,050	1,120
3,050	3,150	31	9,550	9,650	143	16,050	16,150	367	22,550	22,650	697	29,050	29,150	1,128
3,150	3,250	32	9,650	9,750	146	16,150	16,250	371	22,650	22,750	703	29,150	29,250	1,136
3,250	3,350	33	9,750	9,850	149	16,250	16,350	375	22,750	22,850	709	29,250	29,350	1,144
3,350	3,450	34	9,850	9,950	152	16,350	16,450	379	22,850	22,950	715	29,350	29,450	1,152
3,450	3,550	35	9,950	10,050	155	16,450	16,550	383	22,950	23,050	721	29,450	29,550	1,160
3,550	3,650	36	10,050	10,150	158	16,550	16,650	387	23,050	23,150	727	29,550	29,650	1,168
3,650	3,750	37	10,150	10,250	161	16,650	16,750	391	23,150	23,250	733	29,650	29,750	1,176
3,750	3,850	38	10,250	10,350	164	16,750	16,850	395	23,250	23,350	739	29,750	29,850	1,184
3,850	3,950	39	10,350	10,450	167	16,850	16,950	399	23,350	23,450	745	29,850	29,950	1,192
3,950	4,050	40	10,450	10,550	170	16,950	17,050	403	23,450	23,550	751	29,950	30,050	1,200
4,050	4,150	41	10,550	10,650	173	17,050	17,150	407	23,550	23,650	757	30,050	30,150	1,208
4,150	4,250	42	10,650	10,750	176	17,150	17,250	412	23,650	23,750	763	30,150	30,250	1,216
4,250	4,350	43	10,750	10,850	179	17,250	17,350	417	23,750	23,850	769	30,250	30,350	1,224
4,350	4,450	44	10,850	10,950	182	17,350	17,450	422	23,850	23,950	775	30,350	30,450	1,232
4,450	4,550	45	10,950	11,050	185	17,450	17,550	427	23,950	24,050	781	30,450	30,550	1,240
4,550	4,650	46	11,050	11,150	188	17,550	17,650	432	24,050	24,150	787	30,550	30,650	1,248
4,650	4,750	47	11,150	11,250	191	17,650	17,750	437	24,150	24,250	793	30,650	30,750	1,256
4,750	4,850	48	11,250	11,350	194	17,750	17,850	442	24,250	24,350	799	30,750	30,850	1,264
4,850	4,950	49	11,350	11,450	197	17,850	17,950	447	24,350	24,450	805	30,850	30,950	1,272
4,950	5,050	50	11,450	11,550	200	17,950	18,050	452	24,450	24,550	811	30,950	31,050	1,280
5,050	5,150	51	11,550	11,650	203	18,050	18,150	457	24,550	24,650	817	31,050	31,150	1,288
5,150	5,250	52	11,650	11,750	206	18,150	18,250	462	24,650	24,750	823	31,150	31,250	1,296
5,250	5,350	53	11,750	11,850	209	18,250	18,350	467	24,750	24,850	829	31,250	31,350	1,304
5,350	5,450	55	11,850	11,950	212	18,350	18,450	472	24,850	24,950	835	31,350	31,450	1,312
5,450	5,550	57	11,950	12,050	215	18,450	18,550	477	24,950	25,050	841	31,450	31,550	1,320
5,550	5,650	59	12,050	12,150	218	18,550	18,650	482	25,050	25,150	847	31,550	31,650	1,328
5,650	5,750	61	12,150	12,250	221	18,650	18,750	487	25,150	25,250	854	31,650	31,750	1,336
5,750	5,850	63	12,250	12,350	224	18,750	18,850	492	25,250	25,350	861	31,750	31,850	1,344
5,850	5,950	65	12,350	12,450	227	18,850	18,950	497	25,350	25,450	868	31,850	31,950	1,352
5,950	6,050	67	12,450	12,550	230	18,950	19,050	502	25,450	25,550	875	31,950	32,050	1,360
6,050	6,150	69	12,550	12,650	233	19,050	19,150	507	25,550	25,650	882	32,050	32,150	1,368
6,150	6,250	71	12,650	12,750	236	19,150	19,250	512	25,650	25,750	889	32,150	32,250	1,376
6,250	6,350	73	12,750	12,850	239	19,250	19,350	517	25,750	25,850	896	32,250	32,350	1,384
6,350	6,450	75	12,850	12,950	242	19,350	19,450	522	25,850	25,950	903	32,350	32,450	1,392

TAX TABLE II (cont.) for MARRIED FILING JOINT RETURN (Filing Status Box 2) and QUALIFYING WIDOW(ER) (Filing Status Box 5)

Qualifying Widow(er) status may not be claimed if you are filing a Form 540A

TAXABLE
1980
YEAR

TO FIND YOUR TAX: Read down the income column until you find your income as shown on Form 540 or 540NR, line 60, or Form 540A, line 17. Read across to the column headed "YOUR TAX IS —", enter this amount on Form 540 or 540NR, line 61, or Form 540A, line 18.

IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS —		YOUR TAX IS — ↓	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS —		YOUR TAX IS — ↓	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS —		YOUR TAX IS — ↓	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS —		YOUR TAX IS — ↓	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS —		YOUR TAX IS — ↓
OVER	BUT NOT OVER		OVER	BUT NOT OVER		OVER	BUT NOT OVER		OVER	BUT NOT OVER		OVER	BUT NOT OVER	
32,450	32,550	1,400	38,950	39,050	2,000	45,450	45,550	2,686	51,950	52,050	3,411	58,450	58,550	4,126
32,550	32,650	1,408	39,050	39,150	2,010	45,550	45,650	2,707	52,050	52,150	3,422	58,550	58,650	4,137
32,650	32,750	1,416	39,150	39,250	2,020	45,650	45,750	2,718	52,150	52,250	3,433	58,650	58,750	4,148
32,750	32,850	1,424	39,250	39,350	2,030	45,750	45,850	2,729	52,250	52,350	3,444	58,750	58,850	4,159
32,850	32,950	1,432	39,350	39,450	2,040	45,850	45,950	2,740	52,350	52,450	3,455	58,850	58,950	4,170
32,950	33,050	1,440	39,450	39,550	2,050	45,950	46,050	2,751	52,450	52,550	3,466	58,950	59,050	4,181
33,050	33,150	1,449	39,550	39,650	2,060	46,050	46,150	2,762	52,550	52,650	3,477	59,050	59,150	4,192
33,150	33,250	1,458	39,650	39,750	2,070	46,150	46,250	2,773	52,650	52,750	3,488	59,150	59,250	4,203
33,250	33,350	1,467	39,750	39,850	2,080	46,250	46,350	2,784	52,750	52,850	3,499	59,250	59,350	4,214
33,350	33,450	1,476	39,850	39,950	2,090	46,350	46,450	2,795	52,850	52,950	3,510	59,350	59,450	4,225
33,450	33,550	1,485	39,950	40,050	2,100	46,450	46,550	2,806	52,950	53,050	3,521	59,450	59,550	4,236
33,550	33,650	1,494	40,050	40,150	2,110	46,550	46,650	2,817	53,050	53,150	3,532	59,550	59,650	4,247
33,650	33,750	1,503	40,150	40,250	2,120	46,650	46,750	2,828	53,150	53,250	3,543	59,650	59,750	4,258
33,750	33,850	1,512	40,250	40,350	2,130	46,750	46,850	2,839	53,250	53,350	3,554	59,750	59,850	4,269
33,850	33,950	1,521	40,350	40,450	2,140	46,850	46,950	2,850	53,350	53,450	3,565	59,850	59,950	4,280
33,950	34,050	1,530	40,450	40,550	2,150	46,950	47,050	2,861	53,450	53,550	3,576	59,950	60,000	4,288
34,050	34,150	1,539	40,550	40,650	2,160	47,050	47,150	2,872	53,550	53,650	3,587			
34,150	34,250	1,548	40,650	40,750	2,170	47,150	47,250	2,883	53,650	53,750	3,598			
34,250	34,350	1,557	40,750	40,850	2,180	47,250	47,350	2,894	53,750	53,850	3,609			
34,350	34,450	1,566	40,850	40,950	2,190	47,350	47,450	2,905	53,850	53,950	3,620	over 60,000		4,291 plus 1% of the amount over \$60,000
34,450	34,550	1,575	40,950	41,050	2,201	47,450	47,550	2,916	53,950	54,050	3,631			
34,550	34,650	1,584	41,050	41,150	2,212	47,550	47,650	2,927	54,050	54,150	3,642			
34,650	34,750	1,593	41,150	41,250	2,223	47,650	47,750	2,938	54,150	54,250	3,653			
34,750	34,850	1,602	41,250	41,350	2,234	47,750	47,850	2,949	54,250	54,350	3,664			
34,850	34,950	1,611	41,350	41,450	2,245	47,850	47,950	2,960	54,350	54,450	3,675			
34,950	35,050	1,620	41,450	41,550	2,256	47,950	48,050	2,971	54,450	54,550	3,686			
35,050	35,150	1,629	41,550	41,650	2,267	48,050	48,150	2,982	54,550	54,650	3,697			
35,150	35,250	1,638	41,650	41,750	2,278	48,150	48,250	2,993	54,650	54,750	3,708			
35,250	35,350	1,647	41,750	41,850	2,289	48,250	48,350	3,004	54,750	54,850	3,719			
35,350	35,450	1,656	41,850	41,950	2,300	48,350	48,450	3,015	54,850	54,950	3,730			
35,450	35,550	1,665	41,950	42,050	2,311	48,450	48,550	3,026	54,950	55,050	3,741			
35,550	35,650	1,674	42,050	42,150	2,322	48,550	48,650	3,037	55,050	55,150	3,752			
35,650	35,750	1,683	42,150	42,250	2,333	48,650	48,750	3,048	55,150	55,250	3,763			
35,750	35,850	1,692	42,250	42,350	2,344	48,750	48,850	3,059	55,250	55,350	3,774			
35,850	35,950	1,701	42,350	42,450	2,355	48,850	48,950	3,070	55,350	55,450	3,785			
35,950	36,050	1,710	42,450	42,550	2,366	48,950	49,050	3,081	55,450	55,550	3,796			
36,050	36,150	1,719	42,550	42,650	2,377	49,050	49,150	3,092	55,550	55,650	3,807			
36,150	36,250	1,728	42,650	42,750	2,388	49,150	49,250	3,103	55,650	55,750	3,818			
36,250	36,350	1,737	42,750	42,850	2,399	49,250	49,350	3,114	55,750	55,850	3,829			
36,350	36,450	1,746	42,850	42,950	2,410	49,350	49,450	3,125	55,850	55,950	3,840			
36,450	36,550	1,755	42,950	43,050	2,421	49,450	49,550	3,136	55,950	56,050	3,851			
36,550	36,650	1,764	43,050	43,150	2,432	49,550	49,650	3,147	56,050	56,150	3,862			
36,650	36,750	1,773	43,150	43,250	2,443	49,650	49,750	3,158	56,150	56,250	3,873			
36,750	36,850	1,782	43,250	43,350	2,454	49,750	49,850	3,169	56,250	56,350	3,884			
36,850	36,950	1,791	43,350	43,450	2,465	49,850	49,950	3,180	56,350	56,450	3,895			
36,950	37,050	1,800	43,450	43,550	2,476	49,950	50,050	3,191	56,450	56,550	3,906			
37,050	37,150	1,810	43,550	43,650	2,487	50,050	50,150	3,202	56,550	56,650	3,917			
37,150	37,250	1,820	43,650	43,750	2,498	50,150	50,250	3,213	56,650	56,750	3,928			
37,250	37,350	1,830	43,750	43,850	2,509	50,250	50,350	3,224	56,750	56,850	3,939			
37,350	37,450	1,840	43,850	43,950	2,520	50,350	50,450	3,235	56,850	56,950	3,950			
37,450	37,550	1,850	43,950	44,050	2,531	50,450	50,550	3,246	56,950	57,050	3,961			
37,550	37,650	1,860	44,050	44,150	2,542	50,550	50,650	3,257	57,050	57,150	3,972			
37,650	37,750	1,870	44,150	44,250	2,553	50,650	50,750	3,268	57,150	57,250	3,983			
37,750	37,850	1,880	44,250	44,350	2,564	50,750	50,850	3,279	57,250	57,350	3,994			
37,850	37,950	1,890	44,350	44,450	2,575	50,850	50,950	3,290	57,350	57,450	4,005			
37,950	38,050	1,900	44,450	44,550	2,586	50,950	51,050	3,301	57,450	57,550	4,016			
38,050	38,150	1,910	44,550	44,650	2,597	51,050	51,150	3,312	57,550	57,650	4,027			
38,150	38,250	1,920	44,650	44,750	2,608	51,150	51,250	3,323	57,650	57,750	4,038			
38,250	38,350	1,930	44,750	44,850	2,619	51,250	51,350	3,334	57,750	57,850	4,049			
38,350	38,450	1,940	44,850	44,950	2,630	51,350	51,450	3,345	57,850	57,950	4,060			
38,450	38,550	1,950	44,950	45,050	2,641	51,450	51,550	3,356	57,950	58,050	4,071			
38,550	38,650	1,960	45,050	45,150	2,652	51,550	51,650	3,367	58,050	58,150	4,082			
38,650	38,750	1,970	45,150	45,250	2,663	51,650	51,750	3,378	58,150	58,250	4,093			
38,750	38,850	1,980	45,250	45,350	2,674	51,750	51,850	3,389	58,250	58,350	4,104			
38,850	38,950	1,990	45,350	45,450	2,685	51,850	51,950	3,400	58,350	58,450	4,115			

TAX TABLE III for **HEAD OF HOUSEHOLD** (Filing Status Box 4)

TAXABLE
1980
YEAR

TO FIND YOUR TAX: Read down the income column until you find your income as shown on Form 540 or 540NR, line 60, or Form 540A, line 17. Read across to the column headed "YOUR TAX IS --", enter this amount on Form 540 or 540NR, line 61, or Form 540A, line 18.

IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS --		YOUR TAX IS --	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS --		YOUR TAX IS --	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS --		YOUR TAX IS --	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS --		YOUR TAX IS --	IF FORM 540 or 540NR, Line 60, OR FORM 540A, Line 17 IS --		YOUR TAX IS --
OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓	OVER	BUT NOT OVER	↓
0	50	0	6,450	6,550	77	12,950	13,050	301	19,450	19,550	735	25,950	26,050	1,382
50	150	1	6,550	6,650	79	13,050	13,150	306	19,550	19,650	743	26,050	26,150	1,393
150	250	2	6,650	6,750	81	13,150	13,250	311	19,650	19,750	751	26,150	26,250	1,404
250	350	3	6,750	6,850	83	13,250	13,350	316	19,750	19,850	760	26,250	26,350	1,415
350	450	4	6,850	6,950	85	13,350	13,450	321	19,850	19,950	769	26,350	26,450	1,426
450	550	5	6,950	7,050	87	13,450	13,550	326	19,950	20,050	778	26,450	26,550	1,437
550	650	6	7,050	7,150	89	13,550	13,650	331	20,050	20,150	787	26,550	26,650	1,448
650	750	7	7,150	7,250	91	13,650	13,750	336	20,150	20,250	796	26,650	26,750	1,459
750	850	8	7,250	7,350	93	13,750	13,850	341	20,250	20,350	805	26,750	26,850	1,470
850	950	9	7,350	7,450	95	13,850	13,950	346	20,350	20,450	814	26,850	26,950	1,481
950	1,050	10	7,450	7,550	97	13,950	14,050	352	20,450	20,550	823	26,950	27,050	1,492
1,050	1,150	11	7,550	7,650	99	14,050	14,150	358	20,550	20,650	832	27,050	27,150	1,503
1,150	1,250	12	7,650	7,750	101	14,150	14,250	364	20,650	20,750	841	27,150	27,250	1,514
1,250	1,350	13	7,750	7,850	103	14,250	14,350	370	20,750	20,850	850	27,250	27,350	1,525
1,350	1,450	14	7,850	7,950	105	14,350	14,450	376	20,850	20,950	859	27,350	27,450	1,536
1,450	1,550	15	7,950	8,050	108	14,450	14,550	382	20,950	21,050	868	27,450	27,550	1,547
1,550	1,650	16	8,050	8,150	111	14,550	14,650	388	21,050	21,150	877	27,550	27,650	1,558
1,650	1,750	17	8,150	8,250	114	14,650	14,750	394	21,150	21,250	886	27,650	27,750	1,569
1,750	1,850	18	8,250	8,350	117	14,750	14,850	400	21,250	21,350	895	27,750	27,850	1,580
1,850	1,950	19	8,350	8,450	120	14,850	14,950	406	21,350	21,450	904	27,850	27,950	1,591
1,950	2,050	20	8,450	8,550	123	14,950	15,050	412	21,450	21,550	913	27,950	28,050	1,602
2,050	2,150	21	8,550	8,650	126	15,050	15,150	418	21,550	21,650	922	28,050	28,150	1,613
2,150	2,250	22	8,650	8,750	129	15,150	15,250	424	21,650	21,750	931	28,150	28,250	1,624
2,250	2,350	23	8,750	8,850	132	15,250	15,350	430	21,750	21,850	940	28,250	28,350	1,635
2,350	2,450	24	8,850	8,950	135	15,350	15,450	436	21,850	21,950	950	28,350	28,450	1,646
2,450	2,550	25	8,950	9,050	138	15,450	15,550	442	21,950	22,050	960	28,450	28,550	1,657
2,550	2,650	26	9,050	9,150	141	15,550	15,650	448	22,050	22,150	970	28,550	28,650	1,668
2,650	2,750	27	9,150	9,250	144	15,650	15,750	454	22,150	22,250	980	28,650	28,750	1,679
2,750	2,850	28	9,250	9,350	147	15,750	15,850	460	22,250	22,350	990	28,750	28,850	1,690
2,850	2,950	29	9,350	9,450	150	15,850	15,950	467	22,350	22,450	1,000	28,850	28,950	1,701
2,950	3,050	30	9,450	9,550	153	15,950	16,050	474	22,450	22,550	1,010	28,950	29,050	1,712
3,050	3,150	31	9,550	9,650	156	16,050	16,150	481	22,550	22,650	1,020	29,050	29,150	1,723
3,150	3,250	32	9,650	9,750	159	16,150	16,250	488	22,650	22,750	1,030	29,150	29,250	1,734
3,250	3,350	33	9,750	9,850	162	16,250	16,350	495	22,750	22,850	1,040	29,250	29,350	1,745
3,350	3,450	34	9,850	9,950	165	16,350	16,450	502	22,850	22,950	1,050	29,350	29,450	1,756
3,450	3,550	35	9,950	10,050	169	16,450	16,550	509	22,950	23,050	1,060	29,450	29,550	1,767
3,550	3,650	36	10,050	10,150	173	16,550	16,650	516	23,050	23,150	1,070	29,550	29,650	1,778
3,650	3,750	37	10,150	10,250	177	16,650	16,750	523	23,150	23,250	1,080	29,650	29,750	1,789
3,750	3,850	38	10,250	10,350	181	16,750	16,850	530	23,250	23,350	1,090	29,750	29,850	1,800
3,850	3,950	39	10,350	10,450	185	16,850	16,950	537	23,350	23,450	1,100	29,850	29,950	1,811
3,950	4,050	40	10,450	10,550	189	16,950	17,050	544	23,450	23,550	1,110	29,950	30,000	1,820
4,050	4,150	41	10,550	10,650	193	17,050	17,150	551	23,550	23,650	1,120	over 30,000		1,822 plus 11% of the amount over \$30,000
4,150	4,250	42	10,650	10,750	197	17,150	17,250	558	23,650	23,750	1,130			
4,250	4,350	43	10,750	10,850	201	17,250	17,350	565	23,750	23,850	1,140			
4,350	4,450	44	10,850	10,950	205	17,350	17,450	572	23,850	23,950	1,151			
4,450	4,550	45	10,950	11,050	209	17,450	17,550	579	23,950	24,050	1,162			
4,550	4,650	46	11,050	11,150	213	17,550	17,650	586	24,050	24,150	1,173			
4,650	4,750	47	11,150	11,250	217	17,650	17,750	593	24,150	24,250	1,184			
4,750	4,850	48	11,250	11,350	221	17,750	17,850	600	24,250	24,350	1,195			
4,850	4,950	49	11,350	11,450	225	17,850	17,950	607	24,350	24,450	1,206			
4,950	5,050	50	11,450	11,550	229	17,950	18,050	615	24,450	24,550	1,217			
5,050	5,150	51	11,550	11,650	233	18,050	18,150	623	24,550	24,650	1,228			
5,150	5,250	52	11,650	11,750	237	18,150	18,250	631	24,650	24,750	1,239			
5,250	5,350	53	11,750	11,850	241	18,250	18,350	639	24,750	24,850	1,250			
5,350	5,450	55	11,850	11,950	246	18,350	18,450	647	24,850	24,950	1,261			
5,450	5,550	57	11,950	12,050	251	18,450	18,550	655	24,950	25,050	1,272			
5,550	5,650	59	12,050	12,150	256	18,550	18,650	663	25,050	25,150	1,283			
5,650	5,750	61	12,150	12,250	261	18,650	18,750	671	25,150	25,250	1,294			
5,750	5,850	63	12,250	12,350	266	18,750	18,850	679	25,250	25,350	1,305			
5,850	5,950	65	12,350	12,450	271	18,850	18,950	687	25,350	25,450	1,316			
5,950	6,050	67	12,450	12,550	276	18,950	19,050	695	25,450	25,550	1,327			
6,050	6,150	69	12,550	12,650	281	19,050	19,150	703	25,550	25,650	1,338			
6,150	6,250	71	12,650	12,750	286	19,150	19,250	711	25,650	25,750	1,349			
6,250	6,350	73	12,750	12,850	291	19,250	19,350	719	25,750	25,850	1,360			
6,350	6,450	75	12,850	12,950	296	19,350	19,450	727	25,850	25,950	1,371			



**Declaration of Estimated Income Tax
for Individuals—Instructions**

Instructions

A. Who must make a declaration.—Every individual resident, nonresident and part year resident) shall make a declaration of estimated tax if:

- (a) the tax balance due for 1980 and 1981 is or will be \$100 or more (\$50 or more if married filing a separate return); and
- (b) less than 80% of the 1980 tax was paid through withholding and less than 80% of the 1981 tax will be paid through withholding.

The declaration is made by filing a Declaration of Estimated Income Tax for Individuals Voucher, Form 540ES.

A declaration of estimated tax for 1981 is **not required** if 80% or more of your adjusted gross income (Form 540, line 46 or 540NR, line 46, column B) for 1981 is from wages subject to California withholding.

Generally, you and your spouse may file either a joint declaration or separate declarations. If you and your spouse file a joint declaration, separate income tax returns may still be filed for 1981. However, no joint declaration may be made either you or your spouse are a nonresident, if you are separated under a decree of divorce or of separate maintenance or a final judgment of dissolution of marriage, or if you and your spouse have different taxable years. If a joint declaration is made but a joint return is not filed for the taxable year, the estimated tax for such year may be divided between you and your spouse in any portion.

NOTE: You may not be having enough tax withheld during the year. You may be able to avoid making estimated tax payments next year by asking your employer to take more tax out of your earnings. You may do this by filing a new Form W-4, Employee's Withholding Allowance certificate, with your employer. The amount paid through withholding should equal 80% of the tax liability or be sufficient to leave a balance due, exclusive of tax on items of tax preference, of less than \$100, or \$50 for married persons filing separate returns.

If you and your spouse are both employed you may have a problem of underwithholding of State income taxes. To correct the problem, each of you may file a DE-4 with your employers and each claim single status for withholding purposes to possibly avoid the penalty for underpayment of the estimated tax. (If necessary each of you may also request that an additional amount be withheld.)

Tax withholding may be requested on annuity and pension payments; however, the U.S. Civil Service Commission does not withhold California Personal Income tax from annuities. Withholding requests should be filed on Federal Form W-4P with the payer of the annuity.

B. When to file and pay your estimated tax.—Generally, you must file your declaration on or before April 15, 1981. You may pay your estimated tax with the declaration or in four equal installments on or before April 15, 1981, June 15, 1981, September 15, 1981, and January 15, 1982. Make your check or money order payable to "Franchise Tax Board" and enter your social security number on it. When filing a declaration-voucher with your Form 540 income tax return, use separate checks to make the payments. Mail your Declaration of Estimated Tax vouchers together with your payment to the Franchise Tax Board, 540ES Unit, Sacramento, California 95867.

Exceptions to the general rule are explained as follows:

(1) Other declaration filing dates.—If you are not required to file a declaration on April 15, 1981, you may be required to file later. In that case, file your declaration as explained below:

If the requirement is met after:	Filing date is:
April 1 and before June 2	June 15, 1981
June 1 and before September 2	September 15, 1981
September 1	January 15, 1982

The estimated tax may be paid in equal amounts on the required filing dates.

(2) Your return as a declaration.—If on or before February 1, 1982, you file your 1981 Form 540 or 540NR and pay the entire balance due, then you need not—

- file a declaration of estimated tax nor make an estimated tax payment that would have been due on January 15, 1982.

(3) Farmers and fishermen.—If at least two-thirds of your gross income for 1980 or 1981 is from farming or fishing, you may:

- file your declaration on or before January 15, 1982, and pay all of your estimated tax; OR
- file Form 540 or 540NR for 1981 on or before March 1, 1982 and pay the total tax due. In this case, you need not file a declaration for 1981.

(4) Fiscal year.—If your return is on a fiscal year basis, your due dates will be the 15th day of the 4th, 6th, and 9th months of your fiscal year, and the first month of the following fiscal year. However, if any date falls on a Saturday, Sunday, or legal holiday, use the next regular workday.

C. How to use the declaration-voucher.

- (1) Write your name, address, and social security number in the space provided on the declaration-voucher.
- (2) Enter the amount shown on line 10 of the worksheet in Block A of the declaration-voucher.
- (3) Enter the amount shown on line 11 of the worksheet on line 1 of the declaration-voucher.
- (4) If you overpaid the tax on your 1980 Form 540 or 540NR, and elected to apply the overpayment to your estimated tax for 1981, enter the overpayment from 1980 in Block B of the declaration-voucher.

You may apply all or part of the overpayment to any declaration-voucher. The amount applied to a declaration-voucher should be entered on line 2. Subtract line 2 from line 1 and enter the amount of the payment on line 3. If you are filing your first (or an amended) declaration, mail it to the Franchise Tax Board even though line 3 is zero. File the remaining declaration-vouchers only when line 3 is more than zero.

- (5) Sign the declaration-voucher.

D. Penalty for failure to pay estimated tax.—If you are required to file a declaration of estimated tax and do not, a penalty of 12% a year will be assessed (with certain exceptions) against that portion of underpaid installments of estimated tax.

1981 Estimated Tax Worksheet
(Keep for your records—Do not file)

1. Enter amount of Adjusted Gross Income you expect in 1981	1	
2. a If you plan to itemize deductions , enter the estimated total of your deductions. If you do not plan to itemize deductions, skip this line	2a	
b Enter \$1,290 if Single or Married filing separate		
Standard \$2,580 if Married filing joint, Head of household, or Qualifying widow(er) with	2b	
Deduction dependent child		
c Nonresident and part-year residents (except active military) must reduce the standard deduction:	2c	
California Adjusted Gross Income = _____ % × line 2b		
Total Adjusted Gross Income		
Enter the amount from the appropriate line 2a, 2b, or 2c		2
		3
3. Subtract line 2 from line 1		4
4. Tax. Find the tax on the amount on line 3 by using the Tax Table in Form 540 or 540NR Instruction Booklet		
5. Exemption credits		
(a) Single or married filing separate—\$32. Married filing joint, Head of household or Qualifying widow(er) with dependent child—\$64	5a	
(b) Blind ☐ Yourself ☐ Your spouse—\$10 for each box checked.	5b	
(c) Dependents—\$10 for each—Do not include yourself, your spouse or person who qualifies you as Head of household	5c	
(d) Add lines 5(a), 5(b) and 5(c) and (if applicable—multiply the total × _____ % at line 2c) and enter the result on line 5 (Nonresident and part-year residents (except military) must reduce total exemption credits)	5d	5
6. Subtract line 5 from line 4		6
7. Other credits (special low income tax credit, other state tax credit, renter's credit, etc.)		7
8. Subtract line 7 from line 6		8
9. Estimated California income tax withheld and to be withheld during 1981		9
10. Estimated tax (subtract line 9 from line 8). If \$100 or more, fill out and file the declaration-voucher, if less, no declaration is required at this time.		10
11. If the first declaration- Number 1, due April 15, 1981, enter ¼	} of line 10 here and on line 1 of your declaration-voucher(s)	(Please round off to whole dollars)
voucher you are required Number 2, due June 15, 1981, enter ½		
to file is: Number 3, due September 15, 1981, enter ⅓		
Number 4, due January 15, 1982, enter amount		
		11

Amended Declaration Schedule	Record of Estimated Tax Payments				
(Use if your estimated tax changes after you file your first declaration-vouchers.)	Voucher number	Date (a)	Amount (b)	1980 Overpayment credit applied (c)	Total amount paid and credited (add (b) and (c)) (d)
1 Amended estimated tax. Enter here and in Block A on declaration-voucher.					
2 Less:					
(a) Amount of 1980 overpayment elected for credit to 1981 estimated tax and applied to date	1				
(b) Estimated tax payments to date	2				
(c) Total of lines 2(a) and (b)	3				
3 Unpaid balance (subtract line 2(c) from line 1)	4				
4 Amounts to be paid (line 3 divided by number of remaining filing dates). Enter here and on line 1 of declaration-voucher.					
	Total . . . ▶				

MAIL YOUR DECLARATION-VOUCHER(S) TO: FRANCHISE TAX BOARD, 540ES UNIT, SACRAMENTO, CA 95867

FORM

540ES



CALIFORNIA

Declaration of
Estimated Income Tax

YEAR

1981

A. Estimated tax for the year ending _____ (month and year)	B. Overpayment from last year credited to estimated tax for this year
\$.00	\$.00

1 Amount from line 11 on worksheet ▶	\$.00
2 Amount of any unused overpayment credit from last year (all or part) to be applied . . . ▶	.00
3 Amount of this payment (subtract line 2 from line 1) . . . ▶	\$.00

File this form even if line 3 is zero.

Sign ▶ Your signature

here ▶ Spouse's signature (if joint declaration)

Please type or print

Mail this voucher with check or money order payable to **Franchise Tax Board 540ES Unit, Sacramento, California 95867**. To insure proper credit to your account please enter your social security number on your check or money order.

Your social security number		Spouse's number, if joint declaration	
First name and middle initial (of both spouses if joint declaration)		Last name	
Address (Number and street)			
City, State, and ZIP code			

Declaration Voucher 1

(Calendar year—Due April 15, 1981)

CUT HERE

FORM

540ES



CALIFORNIA

Declaration of
Estimated Income Tax

YEAR

1981

A. Estimated tax or amended estimated tax for the year ending _____ (month and year)	B. Overpayment from last year credited to estimated tax for this year
\$.00	\$.00

1 Amount from line 11 on worksheet ▶	\$.00
2 Amount of any unused overpayment credit to be applied . . . ▶	.00
3 Amount of this payment (subtract line 2 from line 1) . . . ▶	\$.00

If this is your first (or an amended) declaration for 1981, file even if line 3 is zero.

Sign ▶ Your signature

here ▶ Spouse's signature (if joint declaration)

Please type or print

Mail this voucher with check or money order payable to **Franchise Tax Board 540ES Unit, Sacramento, California 95867**. To insure proper credit to your account please enter your social security number on your check or money order.

Your social security number		Spouse's number, if joint declaration	
First name and middle initial (of both spouses if joint declaration)		Last name	
Address (Number and street)			
City, State, and ZIP code			

Declaration Voucher 2

(Calendar year—Due June 15, 1981)

CUT HERE

FORM

540ES



CALIFORNIA

Declaration of
Estimated Income Tax

YEAR

1981

A. Estimated tax or amended estimated tax for the year ending _____ (month and year)	B. Overpayment from last year credited to estimated tax for this year
\$.00	\$.00

1 Amount from line 11 on worksheet ▶	\$.00
2 Amount of any unused overpayment credit to be applied . . . ▶	.00
3 Amount of this payment (subtract line 2 from line 1) . . . ▶	\$.00

If this is your first (or an amended) declaration for 1981, file even if line 3 is zero.

Sign ▶ Your signature

here ▶ Spouse's signature (if joint declaration)

Please type or print

Mail this voucher with check or money order payable to **Franchise Tax Board 540ES Unit, Sacramento, California 95867**. To insure proper credit to your account please enter your social security number on your check or money order.

Your social security number		Spouse's number, if joint declaration	
First name and middle initial (of both spouses if joint declaration)		Last name	
Address (Number and street)			
City, State, and ZIP code			

Declaration Voucher 3

(Calendar year—Due September 15, 1981)



Declaration of Estimated Income Tax

A. Estimated tax or amended estimated tax for the year ending _____ (month and year)

\$.00

B. Overpayment from last year credited to estimated tax for this year

\$.00

1 Amount from line 11 on worksheet ▶ \$.00

2 Amount of any unused overpayment credit to be applied ▶ \$.00

3 Amount of this payment (subtract line 2 from line 1) ▶ \$.00

If this is your first (or an amended) declaration for 1981, file even if line 3 is zero.

Sign ▶ Your signature

here ▶ Spouse's signature (if joint declaration)

Please type or print

Mail this voucher with check or money order payable to **Franchise Tax Board 540ES Unit, Sacramento, California 95867**. To insure proper credit to your account please enter your social security number on your check or money order.

Your social security number

Spouse's number, if joint declaration

First name and middle initial (of both spouses if joint declaration)

Last name

Address (Number and street)

City, State, and ZIP code

Declaration Voucher 4

(Calendar year—Due Jan. 15, 1982)

NEED A TAX FORM OR SCHEDULE IN A HURRY? PUBLIC LIBRARIES HAVE STATE TAX FORMS AND SCHEDULES.

ORDER BLANK FOR STATE FORMS—We will send 2 copies of each form. Instructions will be included with each form listed below. Cut along the dotted line and write your name and address on the other side. Attach a separate sheet of paper listing the additional forms you may need which are not listed. MAIL THE ORDER BLANK TO: Franchise Tax Board, Tax Forms Request Unit, Sacramento, California 95867. Please allow 14 days for a reply.

CUT HERE

Circle Desired Forms	Schedule F* Farm Income Expenses	540A Income Tax Return (Short Form)	FTB 3502 Automatic Extension Request	FTB 3805R* Rent and Royalty Income and Expenses
540 Income Tax Return	Schedule G Income Averaging	540ES Declaration of Estimated Tax	FTB 3535 Election to Exclude Gain on Residence Sale	FTB 3805T Disability Income Exclusion
Schedule A & B (540) Itemized Deductions Dividends & Interest	Schedule G-1 Special Averaging	540M* Multiple Support Declaration	FTB 3545 Refund Due Deceased Taxpayer	FTB 3805U Moving Expenses Adjustment
Schedule C* Profit & Loss Schedule	Schedule H (540) Renter's Credit	540NR Nonresident Income Tax Return	FTB 3805E Installment Sales	FTB 3805X Credit for Child Care Expenses
Schedule D Capital Gains & Losses	Schedule P Tax on Preference Income	Schedule A & B (540NR) Itemized Deductions Dividends & Interest	FTB 3805L Solar Energy Credit	FTB 5805 Underpayment of Estimated Tax (Individual)
Schedule D-1 Supplemental Gains or Losses	Schedule R & RP Credit for the Elderly	Schedule H (540NR) Renter's Credit	FTB 3805N* Employee Business Expenses	FTB 5805F Underpayment of Estimated Tax (Farmers & Fishermen)
Schedule E Supplemental Income	Schedule S Other State Tax Credit	540X Amended Return	FTB 3805P Individual Retirement Savings Arrangement	OTHER (specify)

Federal Forms may be substituted when the Federal amounts and the California amounts are the same.

PUBLIC LIBRARIES HAVE STATE TAX FORMS AND SCHEDULES

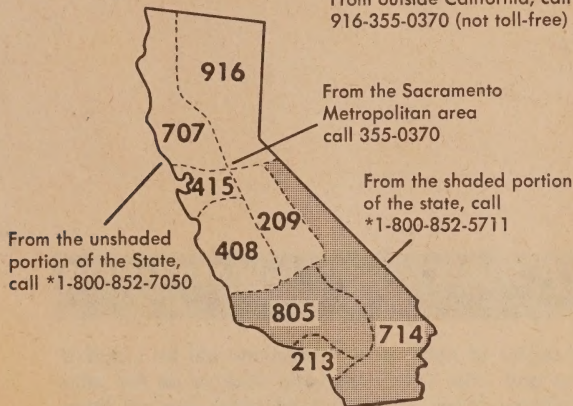
TELEPHONE ASSISTANCE AND FORMS REQUEST

If you are calling from within the State of California, you may telephone TOLL-FREE (no charge to you) to the numbers shown below for forms or answers to your questions.

To help us provide courteous and correct answers, the Franchise Tax Board supervisors sometimes monitor telephone calls. No record is kept of the taxpayer's name, address or social security number as a result of these calls.

Telephone assistance is available for the deaf, see Reminders, item B, Information Telephone Service for the Deaf.

(The numbers on the map refer to telephone area codes)



*It is not necessary to dial the (1) in some communities. Check your local telephone directory.

PERSONAL ASSISTANCE

Forms and information are available at more than 1,000 sites staffed by trained volunteers. Call the appropriate toll-free number for the location nearest you. You may also contact your local Senior Citizens Information and Referral Service or legislative district offices for additional locations where help may be obtained. If you find that you cannot telephone or visit a volunteer site, forms and information are also available at the Franchise Tax Board offices listed below.

FRANCHISE TAX BOARD OFFICES

Bakersfield	1300 Seventeenth Street	93301
El Monte	9660 Flair Drive	91731
Fresno	2550 Mariposa Street	93721
Long Beach	3530 Atlantic Avenue	90807
Los Angeles	3200 Wilshire Boulevard	90010
Oakland	1916 Broadway	94612
Sacramento	1912 I Street	95814
San Bernardino	330 North D Street	92401
San Diego	1350 Front Street	92101
San Francisco	345 Larkin Street	94102
San Jose	1570 The Alameda	95126
Santa Ana	28 Civic Center Plaza	92701
Santa Barbara	41 Hitchcock Way	93105
Santa Rosa	447 College Avenue	95401
Stockton	31 E. Channel Street	95202
Van Nuys	8155 Van Nuys Boulevard	91402

LETTERS

If you find it necessary to write rather than call us, please address your letter to Franchise Tax Board, Sacramento, CA 95867. Include your social security and telephone numbers on all correspondence. Your telephone number is optional. Please allow 6-8 weeks for reply. However, if the need arises, our telephoning rather than writing you can provide you with a faster and more complete service through the quick exchange of information. Also, using the telephone reduces government costs.

Enter your name and address on this label. It will be used to speed your order for forms to you.



Name

Number and street

City or town, State and ZIP code

Schedules A&B—Itemized Deductions AND (Form 1040) Interest and Dividend Income

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

1980

08

Name(s) as shown on Form 1040

Your social security number

Schedule A—Itemized Deductions (Schedule B is on back)

Medical and Dental Expenses (not paid or reimbursed by insurance or otherwise) (See page 16 of Instructions.)

1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶

2 Medicine and drugs
3 Enter 1% of Form 1040, line 31

4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero

5 Balance of insurance premiums for medical care not entered on line 1

6 Other medical and dental expenses:

a Doctors, dentists, nurses, etc.

b Hospitals

c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶

7 Total (add lines 4 through 6c)

8 Enter 3% of Form 1040, line 31

9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero

10 Total medical and dental expenses (add lines 7 and 9). Enter here and on line 33. ▶

Taxes (See page 17 of Instructions.)

Note: Gasoline taxes are no longer deductible.

11 State and local income

12 Real estate

13 General sales (see sales tax tables)

14 Personal property

15 Other (itemize) ▶

16 Total taxes (add lines 11 through 15). Enter here and on line 34. ▶

Interest Expense (See page 17 of Instructions.)

17 Home mortgage

18 Credit and charge cards

19 Other (itemize) ▶

20 Total interest expense (add lines 17 through 19). Enter here and on line 35 ▶

Contributions (See page 17 of Instructions.)

21 a Cash contributions for which you have receipts or cancelled checks

b Other cash contributions (show to whom you gave and how much you gave) ▶

22 Other than cash (see page 17 of Instructions for required statement)

23 Carryover from prior years

24 Total contributions (add lines 21a through 23). Enter here and on line 36. ▶

Casualty or Theft Loss(es) (See page 18 of Instructions.)

25 Loss before insurance reimbursement

26 Insurance reimbursement

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero

28 Enter \$100 or amount from line 27, whichever is smaller

29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37. ▶

Miscellaneous Deductions (See page 18 of Instructions.)

30 Union dues

31 Other (itemize) ▶

32 Total miscellaneous deductions (add lines 30 and 31). Enter here and on line 38 ▶

Summary of Itemized Deductions (See page 19 of Instructions.)

A

33 Total medical and dental—from line 10

34 Total taxes—from line 16

35 Total interest—from line 20

36 Total contributions—from line 24

37 Total casualty or theft loss(es)—from line 29

38 Total miscellaneous—from line 32

39 Add lines 33 through 38

40 If you checked Form 1040, Filing Status box:
2 or 5, enter \$3,400
1 or 4, enter \$2,300
3, enter \$1,700

41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, see the Instructions for line 41 on page 19.) ▶

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or (Loss) From Business or Profession

(Sole Proprietorship)

Partnerships, Joint Ventures, etc., Must File Form 1065.

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

1980

09

Name of proprietor

Social security number of proprietor

A Main business activity (see Instructions) ▶

; product ▶

B Business name ▶

C Employer identification number

D Business address (number and street) ▶

City, State and ZIP Code ▶

E Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

F Method(s) used to value closing inventory:

(1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)

G Was there any major change in determining quantities, costs, or valuations between opening and closing inventory? . . .

If "Yes," attach explanation.

H Did you deduct expenses for an office in your home? . . .

I Did you elect to claim amortization (under section 191) or depreciation (under section 167(o)) for a rehabilitated certified historic structure (see Instructions)? . . .

(Amortizable basis (see Instructions) ▶)

Yes	No
☐	☐
☒	☐
☐	☐

Part I Income

1 a Gross receipts or sales

1a

b Returns and allowances

1b

c Balance (subtract line 1b from line 1a)

1c

2 Cost of goods sold and/or operations (Schedule C-1, line 8)

2

3 Gross profit (subtract line 2 from line 1c)

3

4 Other income (attach schedule)

4

5 Total income (add lines 3 and 4)

5

570 00
570 00

Part II Deductions

6 Advertising

7 Amortization

8 Bad debts from sales or services

9 Bank charges

10 Car and truck expenses

11 Commissions

12 Depletion

13 Depreciation (explain in Schedule C-2)

14 Dues and publications

15 Employee benefit programs

16 Freight (not included on Schedule C-1)

17 Insurance

18 Interest on business indebtedness

19 Laundry and cleaning

20 Legal and professional services

21 Office supplies

22 Pension and profit-sharing plans

23 Postage

24 Rent on business property

25 Repairs

26 Supplies (not included on Schedule C-1)

27 Taxes

28 Telephone

29 Travel and entertainment

30 Utilities

31 a Wages

b Jobs credit

c WIN credit

d Total credits

e Subtract line 31d from 31a

32 Other expenses (specify):

a Books

b

c

d

e

f

g

h

i

j

k

l

m

n

o

p

q

r

s

33 Total deductions (add amounts in columns for lines 6 through 32s)

33

34 Net profit or (loss) (subtract line 33 from line 5). If a profit, enter on Form 1040, line 13, and on Schedule SE, Part II, line 5a (or Form 1041, line 6). If a loss, go on to line 35

34

35 If you have a loss, do you have amounts for which you are not "at risk" in this business (see Instructions)? . . . ☐ Yes ☐ No

SCHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for Part I, line 2)

1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	
2 a Purchases	2a	
b Cost of items withdrawn for personal use	2b	
c Balance (subtract line 2b from line 2a)	2c	
3 Cost of labor (do not include salary paid to yourself)	3	
4 Materials and supplies	4	
5 Other costs (attach schedule)	5	
6 Add lines 1, 2c, and 3 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold and/or operations (subtract line 7 from line 6). Enter here and on Part I, line 2. ►	8	

SCHEDULE C-2.—Depreciation (See Schedule C Instructions for line 13)

If you need more space, please use Form 4562.

[illegible]**SCHEDULE C-3.—Expense Account Information** (See Schedule C Instructions for Schedule C-3)

Enter information for yourself and your five highest paid employees. In determining the five highest paid employees, add expense account allowances to the salaries and wages. However, you don't have to provide the information for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 34, page 1, is less than \$25,000.

Name (a)	Expense account (b)	Salaries and wages (c)
Owner		
1		
2		
3		
4		
5		

Did you claim a deduction for expenses connected with:

	Yes	No
A Entertainment facility (boat, resort, ranch, etc.)?		
B Living accommodations (except employees on business)?		
C Conventions or meetings you or your employees attended outside the U.S. or its possessions? (see Instructions)		
D Employees' families at conventions or meetings?		
If "Yes," were any of these conventions or meetings outside the U.S. or its possessions?		
E Vacations for employees or their families not reported on Form W-2?		

Profit or (Loss) From Business or Profession

(Sole Proprietorship)

Partnerships, Joint Ventures, etc., Must File Form 1065.

1980

09

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

Name of proprietor Social security number of proprietor

A Main business activity (see Instructions) ; product

B Business name

C Employer identification number

D Business address (number and street) City, State and ZIP Code

E Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify)

F Method(s) used to value closing inventory:
(1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)

G Was there any major change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.

H Did you deduct expenses for an office in your home?

I Did you elect to claim amortization (under section 191) or depreciation (under section 167(o)) for a rehabilitated certified historic structure (see Instructions)? (Amortizable basis (see Instructions))

Part I Income

1 a Gross receipts or sales	1a		
b Returns and allowances	1b		
c Balance (subtract line 1b from line 1a)	1c		
2 Cost of goods sold and/or operations (Schedule C-1, line 8)	2		
3 Gross profit (subtract line 2 from line 1c)	3		
4 Other income (attach schedule)	4		
5 Total income (add lines 3 and 4)	5		

Part II Deductions

6 Advertising	31 a Wages		
7 Amortization	b Jobs credit		
8 Bad debts from sales or services	c WIN credit		
9 Bank charges	d Total credits		
10 Car and truck expenses	e Subtract line 31d from 31a		
11 Commissions	32 Other expenses (specify):		
12 Depletion	a		
13 Depreciation (explain in Schedule C-2)	b		
14 Dues and publications	c		
15 Employee benefit programs	d		
16 Freight (not included on Schedule C-1)	e		
17 Insurance	f		
18 Interest on business indebtedness	g		
19 Laundry and cleaning	h		
20 Legal and professional services	i		
21 Office supplies	j		
22 Pension and profit-sharing plans	k		
23 Postage	l		
24 Rent on business property	m		
25 Repairs	n		
26 Supplies (not included on Schedule C-1)	o		
27 Taxes	p		
28 Telephone	q		
29 Travel and entertainment	r		
30 Utilities	s		
33 Total deductions (add amounts in columns for lines 6 through 32s)	33		
34 Net profit or (loss) (subtract line 33 from line 5). If a profit, enter on Form 1040, line 13, and on Schedule SE, Part II, line 5a (or Form 1041, line 6). If a loss, go on to line 35	34		
35 If you have a loss, do you have amounts for which you are not "at risk" in this business (see Instructions)?		☐ Yes	☐ No

SCHEDULE G

(Form 1040)

Department of the Treasury
Internal Revenue Service

Income Averaging

► See instructions on back.

► Attach to Form 1040.

1980

21

Name(s) as shown on Form 1040

Your social security number

Base Period Income and Adjustments	(a) 1st preceding base period year 1979	(b) 2d preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Enter amount from: Form 1040 (1977, 1978, and 1979)—line 34 Form 1040A (1977 and 1978)—line 10 Form 1040A (1979)—line 11				
2 a Multiply \$750 by your total number of exemptions in 1977 and 1978				
b Multiply \$1,000 by your total number of exemptions in 1979				
3 Taxable income (subtract line 2a or 2b from line 1). If less than zero, enter zero				
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On your 1980 (2 or 5 enter \$3,200) Form 1040, if 1 or 4 enter \$2,200 } in column you checked box 3 enter \$1,600 (d)				
6 Base period income (add lines 3, 4 and 5) .				

Computation of Averageable Income

7 Taxable income for 1980 from Schedule TC (Form 1040), Part I, line 3	7			
8 Certain amounts received by owner-employees subject to a penalty under sec- tion 72(m)(5)	8			
9 Subtract line 8 from line 7	9			
10 Excess community income	10			
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero			11	
12 Add columns (a) through (d), line 6, and enter here		12		
13 Enter 30% of line 12			13	
14 Averageable income (subtract line 13 from line 11)			14	

**If line 14 is \$3,000 or less, do not complete the rest of
this form. You do not qualify for income averaging.**

G

Computation of Tax

15 Amount from line 13		15	
16 20% of line 14		16	
17 Total (add lines 15 and 16)		17	
18 Excess community income from line 10		18	
19 Total (add lines 17 and 18)		19	
20 Tax on amount on line 19 (see caution below)		20	
21 Tax on amount on line 17 (see caution below)	21		
22 Tax on amount on line 15 (see caution below)	22		
23 Subtract line 22 from line 21	23		
24 Multiply the amount on line 23 by 4		24	
Note: If no entry was made on line 8 above, skip lines 25 through 27 and go to line 28.			
25 Tax on amount on line 7 (see caution below)	25		
26 Tax on amount on line 9 (see caution below)	26		
27 Subtract line 26 from line 25		27	
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box		28	

Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use the tax tables.

Instructions

Income averaging may be to your advantage if your income increased substantially this year. To see if you qualify, please read these instructions and complete lines 1-14 of this schedule. If line 14 is more than \$3,000, complete the rest of this schedule to see whether you benefit from income averaging.

If you are eligible, and line 28 of this schedule is less than your regular tax using the tax rate schedules and maximum tax, you may choose the income averaging method. This schedule must be attached to your Form 1040 in order to choose the benefits of income averaging. Generally you may make or change this choice anytime within 3 years from the date you filed your return.

A. Requirements.—To be eligible to file Schedule G with Form 1040, you must meet the following requirements:

(1) **Citizenship or residence.**—You must have been a U.S. citizen or resident throughout 1980. You are not eligible if you were a nonresident alien at any time during the taxable period of 5 years ending in 1980.

(2) **Support.**—You must have furnished at least 50% of your own support for each of the years 1976-1979. In a year in which you were married, it is only necessary that you and your spouse provided at least 50% of the support of both of you. For the definition of support, see Form 1040 Instructions, page 7.

Exceptions: Disregard the support requirement if any one of the three following situations applies to you:

- (1) You were 25 or older before the end of 1980 and not a full-time student during 4 or more of your tax years which began after you reached 21; or

Example: John and Carol are calendar year taxpayers who were married and otherwise eligible to choose the benefits of income averaging for tax year 1980. They filed a joint return. However,

- (2) More than 50% of your 1980 taxable income (line 7) is from work you performed in substantial part during 2 or more of the 4 tax years before 1980; or
- (3) You file a joint return for 1980. Your income for 1980 is not more than 25% of the total combined adjusted gross income (line 31, Form 1040).

For definition of full-time student, see Form 1040 Instructions, page 7.

B. Limitations.—You may not take advantage of the following tax benefits in the same year you file Schedule G:

- (1) Exclusion of income from sources outside the United States or within U.S. possessions; or
- (2) Maximum tax on personal service income.

C. Computation of Base Period Income (figure each year separately).—

(1) Use your separate income and deductions for all years if you were unmarried in 1976 through 1980.

(2) Use the combined income and deductions of you and your spouse for a base period year:

- If you are married in 1980, and
- If you file a joint return with your spouse or are a qualifying widow(er) in 1980, and
- If you were not married to any other spouse in that base period year.

(3) If (1) and (2) do not apply, your separate base period income is the largest of the following amounts:

(a) Your separate income and deductions for the base period year;

(b) Half of the base period income from adding your separate income and deductions to the separate income and deductions of your spouse for that base period year;

(c) Half of the base period income from adding your separate income and deductions to your 1980

spouse's separate income and deductions for that base period year.

Note: If you were married to one spouse in a base period year and are married and file a joint return with a different spouse in 1980, your separate base period income is the larger of (3)(a) or (b) above. Combine the result with your 1980 spouse's separate base period income for that base period year.

D. Computation of Separate Income and Deductions.—The amount of your separate income and deductions for a base period year is the excess of your gross income for that year minus your allowable deductions.

If you filed a joint return for a base period year, your separate deductions are:

(1) For deductions allowable in figuring your adjusted gross income, the sum of those deductions attributable to your gross income; and

(2) For deductions allowable in figuring taxable income (exemptions and itemized deductions), the amount from multiplying the deductions allowable on the joint return by a fraction whose numerator is your adjusted gross income and whose denominator is the combined adjusted gross income on the joint return. However, if 85% or more of the combined adjusted gross income of you and your spouse is attributable to either spouse, all deductions allowable in figuring taxable income are allowable to that spouse.

In figuring your separate taxable income when community property laws apply, you must take into account all of your earned income without regard to the community property laws, or your share of the community earned income under community property laws, whichever is more.

If you must figure your separate taxable income for any of the base period years, attach a statement showing the computation and the names under which the returns were filed.

Carol was married to and filed jointly with Sam for tax year 1976. John was unmarried in 1976. John and Carol figure their taxable income for 1976 as follows:

	Sam & Carol (Joint Return)	Sam	Carol	John
Salary	\$19,000	\$13,500	\$5,500	\$6,000
Dividends	2,000	500	1,500	1,000
Adjusted Gross Income	\$21,000	\$14,000	\$7,000	\$7,000
Total of itemized deductions and personal exemptions	6,000	4,000	2,000(1)	2,200
Taxable Income (Separate Income and Deductions)	\$15,000	\$10,000	\$5,000	\$4,800

(1) 7,000 (Carol's separate adjusted gross income) $\times$ 6,000 (Total of itemized deductions & personal exemptions on Sam & Carol's joint return) = 2,000

21,000 (Sam and Carol's adjusted gross income from joint return)

Method No. 1—Carol's separate income and deductions \$5,000

Method No. 2—Carol and Sam's taxable income from joint return, $\$15,000 \times 50$ percent \$7,500

Carol's separate taxable income is \$7,500, the larger of the two methods. John and Carol's taxable income (since there are no adjustments) for 1976 is \$12,300. This figure includes John's separate taxable income of \$4,800 (unmarried in 1976) plus Carol's separate taxable income of \$7,500. This amount is entered on line 3, column (d) of Schedule G (Form 1040).

Line-by-Line Instructions

Line 1.—If you did not file a return, enter the amount that would otherwise be reportable on the appropriate lines specified in line 1.

Line 3.—Taxable income.—For 1977, 1978, and 1979, subtract line 2 from line 1.

For 1976, enter the amount from Form 1040, line 47 or Form 1040A, line 15.

Caution: The amount you enter on this line must not be less than zero.

Enter any corrected amount in columns (a), (b), (c), and (d) if the amount reported on your return for any of the years was changed by an amended return or by the Internal Revenue Service.

Line 4.—Enter on line 4 for each base period year the income (less any deductions) previously excluded from income because it was earned in-

come from sources outside the United States or from income within U.S. possessions.

Line 7.—If you use income averaging, you must use Schedule TC. Since you can't exclude income under sections 911 or 931-934, include in line 7 the amount otherwise excludable.

Line 8.—If you are or were an owner-employee, and received income from a premature or excessive distribution from a Keogh (H.R. 10) plan or trust, enter that income on line 8.

Line 10.—Enter the excess of the community earned income. You must make this adjustment if you are married, a resident of a community property State, and file a separate return for 1980. The excess is the community earned income you reported minus that part of the income which is attributable to your services. Skip this line if the earned income attributable to your services is more than 50% of your combined community earned income.

Example:

Attributable to Service of

Community Earned Income	John	Carol	Total
	\$40,000	\$20,000	\$60,000

(a) John filing a separate return has no adjustment since the amount of earned income attributable to the services of John (\$40,000) is more than 50% of the combined community earned income (\$60,000).

(b) Carol filing a separate return must exclude \$10,000 in the total for line 10, which is the excess of the community earned income reportable by Carol (\$30,000) over the amount of community earned income attributable to Carol's services (\$20,000).

For more information and a filled-in sample Schedule G, please get Publication 506, Income Averaging.

Income Averaging

► See instructions on back.
► Attach to Form 1040.

1980

21

Name(s) as shown on Form 1040

Your social security number

Base Period Income and Adjustments	(a) 1st preceding base period year 1979	(b) 2d preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Enter amount from: Form 1040 (1977, 1978, and 1979)—line 34 Form 1040A (1977 and 1978)—line 10 Form 1040A (1979)—line 11				
2 a Multiply \$750 by your total number of exemptions in 1977 and 1978				
b Multiply \$1,000 by your total number of exemptions in 1979				
3 Taxable income (subtract line 2a or 2b from line 1). If less than zero, enter zero				
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On your 1980 { 2 or 5 enter \$3,200 } { in column } Form 1040, if { 1 or 4 enter \$2,200 } { (d) } you checked box { 3 enter \$1,600 . . } { }				
6 Base period income (add lines 3, 4 and 5) .				

Computation of Averageable Income

7 Taxable income for 1980 from Schedule TC (Form 1040), Part I, line 3	7			
8 Certain amounts received by owner-employees subject to a penalty under section 72(m)(5)	8			
9 Subtract line 8 from line 7	9			
10 Excess community income	10			
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero				11
12 Add columns (a) through (d), line 6, and enter here	12			
13 Enter 30% of line 12				13
14 Averageable income (subtract line 13 from line 11)				14

If line 14 is \$3,000 or less, do not complete the rest of this form. You do not qualify for income averaging.

G

Computation of Tax

15 Amount from line 13	15			
16 20% of line 14	16			
17 Total (add lines 15 and 16)	17			
18 Excess community income from line 10	18			
19 Total (add lines 17 and 18)	19			
20 Tax on amount on line 19 (see caution below)	20			
21 Tax on amount on line 17 (see caution below)	21			
22 Tax on amount on line 15 (see caution below)	22			
23 Subtract line 22 from line 21	23			
24 Multiply the amount on line 23 by 4	24			
Note: If no entry was made on line 8 above, skip lines 25 through 27 and go to line 28.				
25 Tax on amount on line 7 (see caution below)	25			
26 Tax on amount on line 9 (see caution below)	26			
27 Subtract line 26 from line 25	27			
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box	28			

Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use the tax tables.

Instructions

Income averaging may be to your advantage if your income increased substantially this year. To see if you qualify, please read these instructions and complete lines 1-14 of this schedule. If line 14 is more than \$3,000, complete the rest of this schedule to see whether you benefit from income averaging.

If you are eligible, and line 28 of this schedule is less than your regular tax using the tax rate schedules and maximum tax, you may choose the income averaging method. This schedule must be attached to your Form 1040 in order to choose the benefits of income averaging. Generally you may make or change this choice anytime within 3 years from the date you filed your return.

A. Requirements.—To be eligible to file Schedule G with Form 1040, you must meet the following requirements:

(1) **Citizenship or residence.**—You must have been a U.S. citizen or resident throughout 1980. You are not eligible if you were a nonresident alien at any time during the taxable period of 5 years ending with 1980.

(2) **Support.**—You must have furnished at least 50% of your own support for each of the years 1976-1979. In a year in which you were married, it is only necessary that you and your spouse provided at least 50% of the support of both of you. For the definition of support, see Form 1040 Instructions, page 7.

Exceptions: Disregard the support requirement if any one of the three following situations applies to you:

(1) You were 25 or older before the end of 1980 and not a full-time student during 4 or more of your tax years which began after you reached 21; or

Example: John and Carol are calendar year taxpayers who were married and otherwise eligible to choose the benefits of income averaging for tax year 1980. They filed a joint return. However,

Salary	\$19,000
Dividends	2,000
Adjusted Gross Income	\$21,000
Total of itemized deductions and personal exemptions	6,000
Taxable Income (Separate Income and Deductions)	\$15,000

(1) 7,000 (Carol's separate adjusted gross income) $\times$ 6,000 (Total of itemized deductions & personal exemptions on Sam & Carol's joint return) = 2,000

Method No. 1—Carol's separate income and deductions

Method No. 2—Carol and Sam's taxable income from joint return, \$15,000 $\times$ 50 percent \$7,500

Carol's separate taxable income is \$7,500, the larger of the two methods. John and Carol's taxable income (since there are no adjustments) for 1976 is \$12,300. This figure includes John's separate taxable income of \$4,800 (unmarried in 1976) plus Carol's separate taxable income of \$7,500. This amount is entered on line 3, column (d) of Schedule G (Form 1040).

Line-by-Line Instructions

Line 1.—If you did not file a return, enter the amount that would otherwise be reportable on the appropriate lines specified in line 1.

Line 3.—Taxable income.
For 1977, 1978, and 1979, subtract line 2 from line 1.

For 1976, enter the amount from Form 1040, line 47 or Form 1040A, line 15.

Caution: The amount you enter on this line must not be less than zero.

Enter any corrected amount in columns (a), (b), (c), and (d) if the amount reported on your return for any of the years was changed by an amended return or by the Internal Revenue Service.

Line 4.—Enter on line 4 for each base period year the income (less any deductions) previously excluded from income because it was earned in-

(2) More than 50% of your 1980 taxable income (line 7) is from work you performed in substantial part during 2 or more of the 4 tax years before 1980; or

(3) You file a joint return for 1980. Your income for 1980 is not more than 25% of the total combined adjusted gross income (line 31, Form 1040).

For definition of full-time student, see Form 1040 Instructions, page 7.

B. Limitations.—You may not take advantage of the following tax benefits in the same year you file Schedule G:

(1) Exclusion of income from sources outside the United States or within U.S. possessions; or
(2) Maximum tax on personal service income.

C. Computation of Base Period Income (figure each year separately).—

(1) Use your separate income and deductions for all years if you were unmarried in 1976 through 1980.

(2) Use the combined income and deductions of you and your spouse for a base period year:

- If you are married in 1980, and
- If you file a joint return with your spouse or are a qualifying widow(er) in 1980, and
- If you were not married to any other spouse in that base period year.

(3) If (1) and (2) do not apply, your separate base period income is the largest of the following amounts:

- (a) Your separate income and deductions for the base period year;
- (b) Half of the base period income from adding your separate income and deductions to the separate income and deductions of your spouse for that base period year;
- (c) Half of the base period income from adding your separate income and deductions to your 1980

spouse's separate income and deductions for that base period year.

Note: If you were married to one spouse in a base period year and are married and file a joint return with a different spouse in 1980, your separate base period income is the larger of (3)(a) or (b) above. Combine the result with your 1980 spouse's separate base period income for that base period year.

D. Computation of Separate Income and Deductions.—The amount of your separate income and deductions for a base period year is the excess of your gross income for that year minus your allowable deductions.

If you filed a joint return for a base period year, your separate deductions are:

(1) For deductions allowable in figuring your adjusted gross income, the sum of those deductions attributable to your gross income; and

(2) For deductions allowable in figuring taxable income (exemptions and itemized deductions), the amount from multiplying the deductions allowable on the joint return by a fraction whose numerator is your adjusted gross income and whose denominator is the combined adjusted gross income on the joint return. However, if 85% or more of the combined adjusted gross income of you and your spouse is attributable to either spouse, all deductions allowable in figuring taxable income are allowable to that spouse.

In figuring your separate taxable income when community property laws apply, you must take into account all of your earned income without regard to the community property laws, or your share of the community earned income under community property laws, whichever is more.

If you must figure your separate taxable income for any of the base period years, attach a statement showing the computation and the names under which the returns were filed.

Carol was married to and filed jointly with Sam for tax year 1976. John was unmarried in 1976. John and Carol figure their taxable income for 1976 as follows:

	Sam & Carol (Joint Return)	Sam	Carol	John
Salary	\$19,000	\$13,500	\$5,500	\$6,000
Dividends	2,000	500	1,500	1,000
Adjusted Gross Income	\$21,000	\$14,000	\$7,000	\$7,000
Total of itemized deductions and personal exemptions	6,000	4,000	2,000(1)	2,200
Taxable Income (Separate Income and Deductions)	\$15,000	\$10,000	\$5,000	\$4,800

(1) 7,000 (Carol's separate adjusted gross income) $\times$ 6,000 (Total of itemized deductions & personal exemptions on Sam & Carol's joint return) = 2,000

Method No. 1—Carol's separate income and deductions

Method No. 2—Carol and Sam's taxable income from joint return, \$15,000 $\times$ 50 percent \$7,500

Carol's separate taxable income is \$7,500, the larger of the two methods. John and Carol's taxable income (since there are no adjustments) for 1976 is \$12,300. This figure includes John's separate taxable income of \$4,800 (unmarried in 1976) plus Carol's separate taxable income of \$7,500. This amount is entered on line 3, column (d) of Schedule G (Form 1040).

come from sources outside the United States or from income within U.S. possessions.

Line 7.—If you use income averaging, you must use Schedule TC. Since you can't exclude income under sections 911 or 931-934, include in line 7 the amount otherwise excludable.

Line 8.—If you are or were an owner-employee, and received income from a premature or excessive distribution from a Keogh (H.R. 10) plan or trust, enter that income on line 8.

Line 10.—Enter the excess of the community earned income. You must make this adjustment if you are married, a resident of a community property State, and file a separate return for 1980. The excess is the community earned income you reported minus that part of the income which is attributable to your services. Skip this line if the earned income attributable to your services is more than 50% of your combined community earned income.

Example:

	Attributable to Service of		
	John	Carol	Total
Community Earned Income	\$40,000	\$20,000	\$60,000

(a) John filing a separate return has no adjustment since the amount of earned income attributable to the services of John (\$40,000) is more than 50% of the combined community earned income (\$60,000).

(b) Carol filing a separate return must include \$10,000 in the total for line 10, which is the excess of the community earned income reportable by Carol (\$30,000) over the amount of community earned income attributable to Carol's services (\$20,000).

For more information and a filled-in sample Schedule G, please get Publication 506, Income Averaging.

Schedules A&B—Itemized Deductions AND (Form 1040) Interest and Dividend Income

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

1980

08

Name(s) as shown on Form 1040

Your social security number

Schedule A—Itemized Deductions (Schedule B is on back)

Medical and Dental Expenses (not paid or reimbursed by insurance or otherwise) (See page 16 of Instructions.)		Contributions (See page 17 of Instructions.)	
1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶		21 a Cash contributions for which you have receipts or cancelled checks	
2 Medicine and drugs		b Other cash contributions (show to whom you gave and how much you gave) ▶	
3 Enter 1% of Form 1040, line 31			
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero			
5 Balance of insurance premiums for medical care not entered on line 1		22 Other than cash (see page 17 of Instructions for required statement)	
6 Other medical and dental expenses:		23 Carryover from prior years	
a Doctors, dentists, nurses, etc. . . .		24 Total contributions (add lines 21a through 23). Enter here and on line 36 . . ▶	
b Hospitals			
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶		Casualty or Theft Loss(es) (See page 18 of Instructions.)	
		25 Loss before insurance reimbursement	
		26 Insurance reimbursement	
		27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero	
		28 Enter \$100 or amount from line 27, whichever is smaller	
7 Total (add lines 4 through 6c)		29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37 . ▶	
8 Enter 3% of Form 1040, line 31		Miscellaneous Deductions (See page 18 of Instructions.)	
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero		30 Union dues	
10 Total medical and dental expenses (add lines 1 and 9). Enter here and on line 33 . ▶		31 Other (itemize) ▶	
Taxes (See page 17 of Instructions.)			
Note: Gasoline taxes are no longer deductible.			
11 State and local income		32 Total miscellaneous deductions (add lines 30 and 31). Enter here and on line 38 ▶	
12 Real estate		Summary of Itemized Deductions (See page 19 of Instructions.)	
13 General sales (see sales tax tables)		A	
14 Personal property		33 Total medical and dental—from line 10	
15 Other (itemize) ▶		34 Total taxes—from line 16	
		35 Total interest—from line 20	
16 Total taxes (add lines 11 through 15). Enter here and on line 34 ▶		36 Total contributions—from line 24	
Interest Expense (See page 17 of Instructions.)		37 Total casualty or theft loss(es)—from line 29	
17 Home mortgage		38 Total miscellaneous—from line 32	
18 Credit and charge cards		39 Add lines 33 through 38	
19 Other (itemize) ▶		40 If you checked Form 1040, Filing Status box: 2 or 5, enter \$3,400 1 or 4, enter \$2,300 3, enter \$1,700	
		41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, see the Instructions for line 41 on page 19.) ▶	
20 Total interest expense (add lines 17 through 19). Enter here and on line 35 ▶			

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 1980**

For Privacy Act Notice, see Instructions For the year January 1–December 31, 1980, or other tax year beginning _____, 1980, ending _____, 19____

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.
	City, town or post office, State and ZIP code		Your occupation Spouse's occupation

Presidential Election Campaign Fund	Do you want \$1 to go to this fund?	Yes ☒ No ☐	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund?	Yes ☐ No ☐	
Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 2 of Instructions.) State _____ City, village, borough, etc. _____	B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☐ No	C In what county do you live? _____
	D In what township do you live? _____		

Filing Status

Check only one box.

1 ☐ Single	For IRS use only
2 ☐ Married filing joint return (even if only one had income)	
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here ▶ _____	
4 ☐ Head of household. (See page 6 of Instructions.) If qualifying person is your unmarried child, enter child's name ▶ _____	
5 ☐ Qualifying widow(er) with dependent child (Year spouse died ▶ 19____). (See page 6 of Instructions.)	

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply.

6a ☐ Yourself	☐ 65 or over	☐ Blind	Enter number of boxes checked on 6a and b ▶ _____
b ☐ Spouse	☐ 65 or over	☐ Blind	
c First names of your dependent children who lived with you ▶ _____			
d Other dependents:			Enter number of other dependents ▶ _____ Add numbers entered in boxes above ▶ _____
(1) Name	(2) Relationship	(3) Number of months lived in your home	
(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?		
7 Total number of exemptions claimed			

Income

Please attach Copy B of your Forms W–2 here.

If you do not have a W–2, see page 5 of Instructions.

Please attach check or money order here.

8 Wages, salaries, tips, etc.	8
9 Interest income (attach Schedule B if over \$400)	9
10a Dividends (attach Schedule B if over \$400)	10a
10b Exclusion	10b
10c Subtract line 10b from line 10a	10c
11 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see page 9 of Instructions)	11
12 Alimony received	12
13 Business income or (loss) (attach Schedule C)	13
14 Capital gain or (loss) (attach Schedule D)	14
15 40% of capital gain distributions not reported on line 14 (See page 9 of Instructions)	15
16 Supplemental gains or (losses) (attach Form 4797)	16
17 Fully taxable pensions and annuities not reported on line 18	17
18 Pensions, annuities, rents, royalties, partnerships, etc. (attach Schedule E)	18
19 Farm income or (loss) (attach Schedule F)	19
20a Unemployment compensation (insurance). Total received	20a
b Taxable amount, if any, from worksheet on page 10 of Instructions	20b
21 Other income (state nature and source—see page 10 of Instructions) ▶ _____	21
22 Total income. Add amounts in column for lines 8 through 21	22

Adjustments to Income

(See Instructions on page 10)

23 Moving expense (attach Form 3903 or 3903F)	23
24 Employee business expenses (attach Form 2106)	24
25 Payments to an IRA (enter code from page 10)	25
26 Payments to a Keogh (H.R. 10) retirement plan	26
27 Interest penalty on early withdrawal of savings	27
28 Alimony paid	28
29 Disability income exclusion (attach Form 2440)	29
30 Total adjustments. Add lines 23 through 29	30

Adjusted Gross Income

31 Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on pages 13 and 14 of Instructions. If you figure your tax, see page 3 of Instructions

31

Tax Computation

(See Instructions on page 11)

- 32 Amount from line 31 (*adjusted gross income*) 32
- 33 If you do not itemize deductions, enter zero 33
- If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41
- Caution:** If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see page 11 of the Instructions. Also see page 11 of the Instructions if:
- You are married filing a separate return and your spouse itemizes deductions, OR
 - You file Form 4563, OR
 - You are a dual-status alien.
- 34 Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I 34
- Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if:
- Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5), OR
 - You have more exemptions than are shown in the Tax Table for your filing status, OR
 - You use Schedule G or Form 4726 to figure your tax.
- Otherwise, you MUST use the Tax Tables to find your tax.
- 35 Tax. Enter tax here and check if from ☐ Tax Tables or ☐ Schedule TC 35
- 36 Additional taxes. (See page 12 of Instructions.) Enter here and check if from ☐ Form 4970, ☐ Form 4972, ☐ Form 5544, ☐ Form 5405, or ☐ Section 72(m)(5) penalty tax 36

37 Total. Add lines 35 and 36 37

Credits

(See Instructions on page 12)

- 38 Credit for contributions to candidates for public office 38
- 39 Credit for the elderly (attach Schedules R&RP) 39
- 40 Credit for child and dependent care expenses (attach Form 2441) 40
- 41 Investment credit (attach Form 3468) 41
- 42 Foreign tax credit (attach Form 1116) 42
- 43 Work incentive (WIN) credit (attach Form 4874) 43
- 44 Jobs credit (attach Form 5884) 44
- 45 Residential energy credits (attach Form 5695) 45
- 46 Total credits. Add lines 38 through 45 46

47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero) 47

Other Taxes

(Including Advance EIC Payments)

- 48 Self-employment tax (attach Schedule SE) 48
- 49a Minimum tax. Attach Form 4625 and check here ☐ 49a
- 49b Alternative minimum tax. Attach Form 6251 and check here ☐ 49b
- 50 Tax from recomputing prior-year investment credit (attach Form 4255) 50
- 51a Social security (FICA) tax on tip income not reported to employer (attach Form 4137) 51a
- 51b Uncollected employee FICA and RRTA tax on tips (from Form W-2) 51b
- 52 Tax on an IRA (attach Form 5329) 52
- 53 Advance earned income credit (EIC) payments received (from Form W-2) 53

54 Balance. Add lines 47 through 53 54

Payments

Attach Forms W-2, W-2G, and W-2P to front.

- 55 Total Federal income tax withheld 55
- 56 1980 estimated tax payments and amount applied from 1979 return 56
- 57 Earned income credit. If line 32 is under \$10,000, see pages 13 and 14 of Instructions 57
- 58 Amount paid with Form 4868 58
- 59 Excess FICA and RRTA tax withheld (two or more employers) 59
- 60 Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T) 60
- 61 Regulated Investment Company credit (attach Form 2439) 61
- 62 Total. Add lines 55 through 61 62

Refund or Balance Due

- 63 If line 62 is larger than line 54, enter amount OVERPAID 63
- 64 Amount of line 63 to be REFUNDED TO YOU 64
- 65 Amount of line 63 to be applied to your 1981 estimated tax 65
- 66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order 66
- (Check ☐ if Form 2210 (2210F) is attached. See page 15 of Instructions.) ☐ \$

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Paid Preparer's Use Only

Preparer's signature and date

Firm's name (or yours, if self-employed) and address

Check if self-employed ☐

E.I. No.

ZIP code

Preparer's social security no.

SCHEDULE G

(Form 1040)

Department of the Treasury
Internal Revenue Service

Income Averaging

▶ See instructions on back.

▶ Attach to Form 1040.

1980

21

Name(s) as shown on Form 1040

Your social security number

Base Period Income and Adjustments	(a) 1st preceding base period year 1979	(b) 2d preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Enter amount from: Form 1040 (1977, 1978, and 1979)—line 34 Form 1040A (1977 and 1978)—line 10 Form 1040A (1979)—line 11				
2 a Multiply \$750 by your total number of exemptions in 1977 and 1978				
b Multiply \$1,000 by your total number of exemptions in 1979				
3 Taxable income (subtract line 2a or 2b from line 1). If less than zero, enter zero				
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On your 1980 (2 or 5 enter \$3,200) { in column Form 1040, if 1 or 4 enter \$2,200 (d) you checked box 3 enter \$1,600				
6 Base period income (add lines 3, 4 and 5)				

Computation of Averageable Income

7 Taxable income for 1980 from Schedule TC (Form 1040), Part I, line 3	7			
8 Certain amounts received by owner-employees subject to a penalty under sec- tion 72(m)(5)	8			
9 Subtract line 8 from line 7	9			
10 Excess community income	10			
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero				11
12 Add columns (a) through (d), line 6, and enter here	12			
13 Enter 30% of line 12				13
14 Averageable income (subtract line 13 from line 11)				14

**If line 14 is \$3,000 or less, do not complete the rest of
this form. You do not qualify for income averaging.**

G

Computation of Tax

15 Amount from line 13	15		
16 20% of line 14	16		
17 Total (add lines 15 and 16)	17		
18 Excess community income from line 10	18		
19 Total (add lines 17 and 18)	19		
20 Tax on amount on line 19 (see caution below)	20		
21 Tax on amount on line 17 (see caution below)	21		
22 Tax on amount on line 15 (see caution below)	22		
23 Subtract line 22 from line 21	23		
24 Multiply the amount on line 23 by 4	24		
Note: If no entry was made on line 8 above, skip lines 25 through 27 and go to line 28.			
25 Tax on amount on line 7 (see caution below)	25		
26 Tax on amount on line 9 (see caution below)	26		
27 Subtract line 26 from line 25	27		
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box	28		

Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use the tax tables.

Instructions

Income averaging may be to your advantage if your income increased substantially this year. To see if you qualify, please read these instructions and complete lines 1-14 of this schedule. If line 14 is more than \$3,000, complete the rest of this schedule to see whether you benefit from income averaging.

If you are eligible, and line 28 of this schedule is less than your regular tax using the tax rate schedules and maximum tax, you may choose the income averaging method. This schedule must be attached to your Form 1040 in order to choose the benefits of income averaging. Generally you may make or change this choice anytime within 3 years from the date you filed your return.

A. Requirements.—To be eligible to file Schedule G with Form 1040, you must meet the following requirements:

(1) **Citizenship or residence.**—You must have been a U.S. citizen or resident throughout 1980. You are not eligible if you were a nonresident alien at any time during the taxable period of 5 years ending with 1980.

(2) **Support.**—You must have furnished at least 50% of your own support for each of the years 1976-1979. In a year in which you were married, it is only necessary that you and your spouse provided at least 50% of the support of both of you. For the definition of support, see Form 1040 Instructions, page 7.

Exceptions: Disregard the support requirement if any one of the three following situations applies to you:

(1) You were 25 or older before the end of 1980 and not a full-time student during 4 or more of your tax years which began after you reached 21; or

Example: John and Carol are calendar year taxpayers who were married and otherwise eligible to choose the benefits of income averaging for tax year 1980. They filed a joint return. However,

Salary	\$19,000
Dividends	2,000
Adjusted Gross Income	\$21,000
Total of itemized deductions and personal exemptions	6,000
Taxable Income (Separate Income and Deductions)	\$15,000

(1) 7,000 (Carol's separate adjusted gross income) $\times$ 6,000 (Total of itemized deductions & personal exemptions on Sam & Carol's joint return) = 2,000

Method No. 1—Carol's separate income and deductions

Method No. 2—Carol and Sam's taxable income from joint return, \$15,000 $\times$ 50 percent.

Carol's separate taxable income is \$7,500, the larger of the two methods. John and Carol's taxable income (since there are no adjustments) for 1976 is \$12,300. This figure includes John's separate taxable income of \$4,800 (unmarried in 1976) plus Carol's separate taxable income of \$7,500. This amount is entered on line 3, column (d) of Schedule G (Form 1040).

Line-by-Line Instructions

Line 1.—If you did not file a return, enter the amount that would otherwise be reportable on the appropriate lines specified in line 1.

Line 3.—Taxable income—

For 1977, 1978, and 1979, subtract line 2 from line 1.

For 1976, enter the amount from Form 1040, line 47 or Form 1040A, line 15.

Caution: The amount you enter on this line must not be less than zero.

Enter any corrected amount in columns (a), (b), (c), and (d) if the amount reported on your return for any of the years was changed by an amended return or by the Internal Revenue Service.

Line 4.—Enter on line 4 for each base period year the income (less any deductions) previously excluded from income because it was earned in-

(2) More than 50% of your 1980 taxable income (line 7) is from work you performed in substantial part during 2 or more of the 4 tax years before 1980; or

(3) You file a joint return for 1980. Your income for 1980 is not more than 25% of the total combined adjusted gross income (line 31, Form 1040).

For definition of full-time student, see Form 1040 Instructions, page 7.

B. Limitations.—You may not take advantage of the following tax benefits in the same year you file Schedule G:

(1) Exclusion of income from sources outside the United States or within U.S. possessions; or

(2) Maximum tax on personal service income.

C. Computation of Base Period Income (figure each year separately).—

(1) Use your separate income and deductions for all years if you were unmarried in 1976 through 1980.

(2) Use the combined income and deductions of you and your spouse for a base period year:

- If you are married in 1980, and
- If you file a joint return with your spouse or are a qualifying widow(er) in 1980, and
- If you were not married to any other spouse in that base period year.

(3) If (1) and (2) do not apply, your separate base period income is the largest of the following amounts:

(a) Your separate income and deductions for the base period year;

(b) Half of the base period income from adding your separate income and deductions to the separate income and deductions of your spouse for that base period year;

(c) Half of the base period income from adding your separate income and deductions to your 1980

spouse's separate income and deductions for that base period year.

Note: If you were married to one spouse in a base period year and are married and file a joint return with a different spouse in 1980, your separate base period income is the larger of (3)(a) or (b) above. Combine the result with your 1980 spouse's separate base period income for that base period year.

D. Computation of Separate Income and Deductions.—The amount of your separate income and deductions for a base period year is the excess of your gross income for that year minus your allowable deductions.

If you filed a joint return for a base period year, your separate deductions are:

(1) For deductions allowable in figuring your adjusted gross income, the sum of those deductions attributable to your gross income; and

(2) For deductions allowable in figuring taxable income (exemptions and itemized deductions), the amount from multiplying the deductions allowable on the joint return by a fraction whose numerator is your adjusted gross income and whose denominator is the combined adjusted gross income on the joint return. However, if 85% or more of the combined adjusted gross income of you and your spouse is attributable to either spouse, all deductions allowable in figuring taxable income are allowable to that spouse.

In figuring your separate taxable income when community property laws apply, you must take into account all of your earned income without regard to the community property laws, or your share of the community earned income under community property laws, whichever is more.

If you must figure your separate taxable income for any of the base period years, attach a statement showing the computation and the names under which the returns were filed.

Carol was married to and filed jointly with Sam for tax year 1976. John was unmarried in 1976. John and Carol figure their taxable income for 1976 as follows:

Sam & Carol (Joint Return)	Sam	Carol	John
Salary	\$13,500	\$5,500	\$6,000
Dividends	500	1,500	1,000
Adjusted Gross Income	\$14,000	\$7,000	\$7,000
Total of itemized deductions and personal exemptions	4,000	2,000(1)	2,200
Taxable Income (Separate Income and Deductions)	\$10,000	\$5,000	\$4,800

(Total of itemized deductions & personal exemptions on Sam & Carol's joint return) = 2,000

Method No. 1—Carol's separate income and deductions

Method No. 2—Carol and Sam's taxable income from joint return, \$15,000 $\times$ 50 percent.

Carol's separate taxable income is \$7,500, the larger of the two methods. John and Carol's taxable income (since there are no adjustments) for 1976 is \$12,300. This figure includes John's separate taxable income of \$4,800 (unmarried in 1976) plus Carol's separate taxable income of \$7,500. This amount is entered on line 3, column (d) of Schedule G (Form 1040).

come from sources outside the United States or from income within U.S. possessions.

Line 7.—If you use income averaging, you must use Schedule TC. Since you can't exclude income under sections 911 or 931-934, include in line 7 the amount otherwise excludable.

Line 8.—If you are or were an owner-employee, and received income from a premature or excessive distribution from a Keogh (H.R. 10) plan or trust, enter that income on line 8.

Line 10.—Enter the excess of the community earned income. You must make this adjustment if you are married, a resident of a community property State, and file a separate return for 1980. The excess is the community earned income you reported minus that part of the income which is attributable to your services. Skip this line if the earned income attributable to your services is more than 50% of your combined community earned income.

Example:

Community Earned Income	Attributable to Service of		
	John	Carol	Total
	\$40,000	\$20,000	\$60,000

(a) John filing a separate return has no adjustment since the amount of earned income attributable to the services of John (\$40,000) is more than 50% of the combined community earned income (\$60,000).

(b) Carol filing a separate return must include \$10,000 in the total for line 10, which is the excess of the community earned income reportable by Carol (\$30,000) over the amount of community earned income attributable to Carol's services (\$20,000).

For more information and a filled-in sample Schedule G, please get Publication 506, Income Averaging.

Department of the Treasury
Internal Revenue Service
FRESNO, CA 93888

OX 8112

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MARJORIE F RAGONA
481 ROCKMAN WAY
PT HUENEME CA 93041

Correction Notice — Refund Due Taxpayer

If you have any questions, refer to this information:

Date of This Notice: APR. 6, 1981
Social Security Number: 126-22-6194
Document Locator Number: 89221-052-37303-1
Form 1040 Tax Year Ending DEC. 31, 1980

Call: 1-800-242-4500 S. CALIFORNIA
or

Write: Chief, Taxpayer Assistance Section
Internal Revenue Service Center
FRESNO, CA 93888

If you write, be sure to attach this part of notice.
The copy is for your records.

As a result of an error we corrected on your tax return, you are entitled to a refund of \$ 1,644.57. A check for this amount will be sent to you within 6 weeks from the date of this notice if you owe no other taxes.

Correction Explanation

AN ERROR WAS MADE IN FIGURING
YOUR PROFIT OR (LOSS) FROM BUSINESS
OR PROFESSION ON SCHEDULE C.

AN ERROR WAS MADE IN FIGURING
YOUR EARNED INCOME CREDIT ON LINE
57, FORM 1040.

Tax Statement

Tax Withheld	\$ 1,253.57
Estimated Tax Payments ..	.00
Other Credits	478.00
Other Payments	.00
Total Payments and Credits	\$ 1,731.57

Total Tax on Return 88.00

Corrected Balance of Tax on Return 87.00

Overpayment of Tax

Less: Penalty*

Interest*

Amount applied to your

estimated tax**

Total Subtractions from Overpayment00

Amount to be Refunded to You if You

Owe no Other Taxes \$ 1,644.57

Any interest due you will be added.

* See codes on the back for an explanation of penalty and interest charges.

** **Estimated Tax Filers Note**—Please check to see if you should file an amended declaration of estimated tax because your tax was refigured.

To make sure that IRS employees give courteous and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Explanation of Penalty and Interest Charges

Code 01—Filing and Paying Late

A penalty has been added because your return was filed late with taxes due. The penalty is figured at 5 percent of the unpaid tax for each month or part of a month the return was late, and cannot be more than 25 percent of the tax paid late. (See "Elimination of Penalty—Reasonable Cause," on this page.)

Code 02—Underpayment of Estimated Tax

A penalty has been added because your estimated tax was underpaid. The penalty, as provided by law, is figured on a daily basis for the period the estimated tax remains unpaid. Generally, to avoid an underpayment, a taxpayer must have paid 80 percent of the tax shown on a return before it is filed. However, a penalty on an underpayment can be removed if the taxpayer meets one of the exceptions listed in the instructions on the enclosed Form 2210 (Underpayment of Estimated Tax by Individuals). **The only exceptions to the penalty that can be accepted are on Form 2210.**

Code 04—Dishonored Check

A penalty has been added because your check to us was not honored by your bank. For checks of \$5 or more, the penalty is \$5 or 1 percent of the total, whichever is greater; for checks of less than \$5, it is the amount of the check. (See "Elimination of Penalty—Reasonable Cause," on this page.)

Elimination of Penalty—Reasonable Cause

Except for the Underpayment of Estimated Tax and Negligence penalties, the law provides that the penalties explained above can be removed if you have an acceptable

Code 06—Negligence

A penalty of 5 percent of the underpaid tax, has been added for negligence.

Code 07—Paying Late

A penalty has been added because your tax was not paid when due. The penalty is $\frac{1}{2}$ of 1 percent of the tax not paid on time. It is figured for each month or part of a month the payment was late and cannot be more than 25 percent of the tax paid late. However, any period used in figuring a penalty explained in Code 01 has not been included in figuring the late payment penalty. (See "Elimination of Penalty—Reasonable Cause," on this page.)

Code 08—Missing Social Security Number

A penalty has been added because your return did not include your social security number, or your spouse's number if you are married and filing a joint return or married and filing separate returns. The penalty is \$5 for each time a required number was not included. (See "Elimination of Penalty—Reasonable Cause," on this page.)

Code 09—Interest

Interest as provided by law is figured on unpaid tax from the due date of the return to the date of full payment or to the date of this notice. **Beginning February 1, 1980, the interest rate is .0328767 percent per day on the unpaid tax. This is an annual rate of 12 percent.** If your taxes were due before February 1, 1980, please see the enclosed Notice 394 for the rates that applied.

reason. If you believe that you have a good reason but have not yet sent us an explanation, please send it to us. We will review it and let you know what our decision is.

Department of the Treasury
Internal Revenue Service
FRESNO, CA 93888

0X 8112

12

MARJORIE F RAGONA
481 ROCKMAN WAY
PT HUENEME CA 93041

Correction Notice— Refund Due Taxpayer

If you have any questions, refer to this information:

Date of This Notice: APR. 6, 1981
Social Security Number: 126-22-6194
Document Locator Number: 89221-052-37303-1
Form 1040 Tax Year Ending: DEC. 31, 1980

Call: 1-800-242-4500 S. CALIFORNIA
or

Write: Chief, Taxpayer Assistance Section
Internal Revenue Service Center
FRESNO, CA 93888

This copy is for your records.

As a result of an error we corrected on your tax return, you are entitled to a refund of \$ 1,644.57. A check for this amount will be sent to you within 6 weeks from the date of this notice if you owe no other taxes.

Correction Explanation

AN ERROR WAS MADE IN FIGURING
YOUR PROFIT OR (LOSS) FROM BUSINESS
OR PROFESSION ON SCHEDULE C.
AN ERROR WAS MADE IN FIGURING
YOUR EARNED INCOME CREDIT ON LINE
57, FORM 1040.

Tax Statement

Tax Withheld \$ 1,253.57
Estimated Tax Payments00
Other Credits 478.00
Other Payments00
Total Payments and Credits \$ 1,731.57

Total Tax on Return 88.00

Corrected Balance of Tax on Return 87.00

Overpayment of Tax 1,644.57

Less: Penalty*00

Interest*00

Amount applied to your
estimated tax**00

Total Subtractions from Overpayment00

Amount to be Refunded to You if You

Owe no Other Taxes \$ 1,644.57

Any interest due you will be added.

* See codes on the back for an explanation of penalty and interest charges.

** **Estimated Tax Filers Note**—Please check to see if you should file an amended declaration of estimated tax because your tax was refigured.

Explanation of Penalty and Interest Charges

Code 01—Filing and Paying Late

A penalty has been added because your return was filed late with taxes due. The penalty is figured at 5 percent of the unpaid tax for each month or part of a month the return was late, and cannot be more than 25 percent of the tax paid late. (See "Elimination of Penalty—Reasonable Cause," on this page.)

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reason. If you believe that you have a good reason but have not yet sent us an explanation, please send it to us. We will review it and let you know what our decision is.



229 s. oxnard boulevard • oxnard, calif. 93030 • (805) 486-1689

DATE Dec. 31, 1980

VEHICLE DESCRIPTION:

Make Ford Year 1972 Model Linto License # 171FAF

REFERENCE:

Repair Order # 23715 Service Representative D Thomas

PURCHASE AGREEMENT:

I, Rev. Marjorie Pagona, agree to pay cash on delivery of the car on terms satisfactory to AAMCO TRANSMISSIONS, and until paid in full AAMCO TRANSMISSIONS shall have a lien on this car for the unpaid balance. In the event of default by me in payment of any installment as may be agreed, AAMCO TRANSMISSIONS is hereby specifically authorized to take possession of the above vehicle and contents herein without notice and without process of law and said possession shall invest AAMCO TRANSMISSIONS with all the rights of a possessory lien holder under the law of the State of California. I further agree AAMCO TRANSMISSIONS will not be held responsible for the car or articles left in the car in case of fire, theft, accidents or other causes beyond AAMCO's control. If AAMCO TRANSMISSIONS is forced to take action for collection of any balance owing by lawsuit or otherwise, I further agree to pay interest on the amount owing until paid, also collection costs, including a reasonable attorney's fee, repossession and storage charges and I hereby waive all rights to claim exemption under State law. The provisions herein set forth shall become a part of any independent agreement for payment between the two parties in connection with the work authorized by the reference repair order.

TERMS:

Amount Due 53374
Down Payment 100 00
Balance 43374

Buyer Marjorie Pagona
Buyer acknowledges a receipt of a copy of this agreement. MP

Payment Schedule 4337 1090 Handling chg.
\$ 150 on Jan. 15, 1981
\$ 150 on Feb 2, 1981
\$ 46813374 on Apr Feb 15, 1981

IF PAID AT THIS rate we will...
america's largest transmission specialists

DATE 12/30/80		NAME SHEILA ROSECRANS / REV. RAGONA				REPAIR ORDER NUMBER 23715	
ADDRESS 481 ROCKMAN		CITY Port Hueneme CA		STATE/PROV 93041		HOME PHONE	
YEAR 1972		MAKE Ford		MODEL Pinto		VEHICLE SERIAL NO. 2R11X150408	
LIC. NO. 171FAF		MILEAGE 1996		TRANS. TYPE C-4			
CUSTOMER REMARKS No For ward-towed in				SERVICE REP. REMARKS		SVC. REP.	
WARRANTY SECTION		ORIGINAL R.O.		TYPE SERVICE		ORIGINAL CENTER	
DATE		AUTHORIZED BY					



WORLD'S LARGEST TRANSMISSION SPECIALISTS

INTERNATIONAL CUSTOMER SERVICE
408 E. FOURTH ST. BRIDGEPORT, PA. 19405
Telephone (215) 277-4000

REMIT TO:
3006 D. V.
#18471 CA. REG. #13368 91980
229 S. OXNARD BLVD.
OXNARD, CALIF. 93030
PHONE: 805-486-1689

A Licensed AAMCO Dealer

BAND AND/OR LINKAGE ADJUSTMENT AS REQUIRED ☐ ADJUST BANDS ☐ ADJUST LINKAGE ☐ INCLUDES FREE ROAD TEST		RESEAL SERVICE ☐ • REPLACE FRONT, REAR AND MANUAL LINKAGE SEALS AS REQUIRED • REPLACE FRONT AND REAR SEAL SUPPORT BUSHINGS AS REQUIRED • INSPECT TORQUE CONVERTER • CLEAN SCREEN, REPLACE PAN GASKET, ADJUST BANDS AND/OR LINKAGE AS REQUIRED		SERVICE DESCRIPTION Inspection Service 115- Credit 115- AAMCO EXCHANGE RECONDITIONED TRANSMISSION & EXCHANGE Rebuilt Torque Converter for WITH A full (6) SIX MONTH WARRANTY 51400 (LABOR 185)	
SAFE GUARD SERVICE ☐ • CLEAN SCREEN, REPLACE PAN GASKET, ADJUST BAND, AND/OR LINKAGE AS REQUIRED • INCLUDES FREE ROAD TEST					
INSPECTION SERVICE \$ 11500 • REMOVE AND DISMANTLE TRANSMISSION • INTERNAL INSPECTION OF TRANSMISSION PARTS • REASSEMBLE AND INSTALL AAMCO MAY OPERATE THIS VEHICLE FOR PURPOSES OF TESTING AND INSPECTION AT MY RISK					
AUTHORIZATION TELEPHONE AUTHORIZATION DATE 12/30/80 FROM Rev. RAGONA TIME 10:22 AM BY D. Thomas TELEPHONE NUMBER 985-2594					
I HEREBY AUTHORIZE THE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. AAMCO MAY OPERATE THIS VEHICLE FOR PURPOSES OF TESTING, INSPECTION AND DELIVERY AT MY RISK Signature: <u>Marjorie F. Ragona</u> TELEPHONE AUTHORIZATION FOR SERVICE AND PRICE WAS RECEIVED DATE FROM TIME BY TELEPHONE NUMBER					
PAYMENT INFO: ☐ CASH ☐ TERMS 1. FINANCE CO. _____ 2. AMT. OF SALE \$ _____ 3. DOWN PAYMENT \$ _____ 4. AMT. FINANCED \$ _____ 5. MO. PAYMENT \$ _____ 6. NO. OF PAYMENTS _____ 7. TOTAL FIN. AMT. \$ _____ 8. ANNUAL % RATE _____%					
CERTIFICATION This certifies that the transmission (or other automotive component) has been dismantled, reconditioned or rebuilt as necessary; all external and internal parts cleaned, all defective parts restored or replaced as needed with new, rebuilt or sound used parts and such machining or other procedures performed as necessary to place your transmission (or other automotive component) in sound working condition. Signature: <u>D. Thomas</u> AUTHORIZED SIGNATURE					
COMPLETION CERTIFICATE I RECEIVED THE CAR SPECIFIED ABOVE, AND A COPY OF THIS REPAIR ORDER. Signature: <u>Marjorie F. Ragona</u> SIGNATURE					
CAR OWNERSHIP ONLY ANNUAL RECHECK DUE DATE CUSTOMER'S INITIALS				AMOUNT 51400 TAX 1974 TOTAL 53374	

YOU ARE ENTITLED TO RECEIVE A COPY OF OUR QUOTATION SHEET WHICH SETS FORTH THE COST OF THE SERVICES WHICH WERE AVAILABLE TO YOU.

Full Six Month Banner Warranty

This transmission has been reconditioned by the licensed AAMCO Transmission Dealer issuing this certificate, utilizing the AAMCO "Banner" Assembly Set or its equivalent. This certificate warrants the transmission and torque convertor (if the car has a torque convertor) against failure of material and workmanship for SIX MONTHS from the effective date. It will be honored by any licensed AAMCO Transmission Dealer within the continental United States and Canada.

If the transmission or torque convertor fails to perform due to a failure of material or workmanship during the term of this Warranty, return the car to any licensed AAMCO Transmission Dealer, along with this certificate, and the transmission or torque convertor will be repaired or replaced without charge.

This Warranty gives you specific rights, and you may also have other rights, which vary from state/province to state/province.

CUSTOMER

Rev. Rago SA
Owner's Name
12/31/80 19916
Effective Date Mileage
1972 Ford Pinto
Year and Make of Car
2R11X150408
Car Serial Number
3006 D.V. 91980
Transmission Serial Number



LICENSED AAMCO
TRANSMISSION DEALER

W.P. Riggs
Name of Dealer
229 So. Ox. Blvd
Street Address
Ox. CA 93030
City State Zip
23715 805-486-1689
Repair Order Number Phone No.
D. Thomas
Authorized Signature

Omaha → Chicago.

Off 80 up 94 (Dan Ryan Expwy)
pass the loop exits passed
290 (Eisenhower X) to Ashland
Ave. (Armitage) ^{MARKED} (maybe 48A)
(Big Beatrice foods billboard
on right at exit).

take off to right + go to 1st
light - Ashland → left.

2 miles on Ashland going
N. Many major streets
lk for Irving Park Rd.

(self-serv. Standard Sta -
Lakeview H.S.) 2 long blocks
beyond Bertand. Turn left.

1 black stop sign → and
park in front of school on
Bertand. Walk back to
Pauline + Bertand. Apt on
N.E. Corner - light brick.

THE REVEREND MARJORIE F. RAGONA

4201 No. Paulina & Bertan.
courtyard of complex (10 units)
immed high H1.

312-472-2154



OLD KEY		REC'D BY		DATE OF PURCHASE		D I E S E L		QUANTITY	PRICE	AMOUNT
☐ FULL ☐ MINI ☐ SELF		167314						18.1	12.97	23.50
VEH. LICENSE NO.		FUEL PERMIT NO.		CUSTOMER P. O. NO.		VEHICLE NUMBER		AUTH. CODE		SALES TAX
TRAILER NO.		HUBS OR SPEED READING		TOTAL MUST AGREE WITH AMOUNT IMPRINTED AT TOP		TOTAL		23.50		

*This invoice is assigned to Diamond Shamrock Corporation, or assignee, and the TOTAL (together with any other charges due thereon) is payable in accordance with the Agreement governing the use of the credit card used. See Reverse Side for Important Terms and Conditions.

RETAIN THIS COPY FOR YOUR RECORDS

FORM 1123 REV. 8-80

GASOLINE PURCHASE RECEIPT

TIME 7:55 am DATE 6-10-81

AMOUNT OF PURCHASE \$ 6.00

MANAGERS INITIAL AL

CK103

[illegible]

The following terms and conditions apply to purchases made with another oil company's credit card. Use of another oil company's credit card to make purchases at Diamond Shamrock stations constitutes acceptance of these terms and conditions.

TERMS AND CONDITIONS

Payment in full of the total "new balance" shown on your monthly statement is due upon receipt of statement. If full payment of the total new balance is received by Diamond Shamrock at Box 300, Amarillo, Potter County, Texas 79161 within 25 days of the "closing date" shown on the statement, no FINANCE CHARGE will be assessed. After 25 days from closing date a FINANCE CHARGE will be assessed for late payment. The FINANCE CHARGE is computed by multiplying the "past due balance" shown on the statement, less any unpaid FINANCE CHARGES, by the monthly periodic rate shown in chart below applicable to the state in which you are billed. Past due balance is determined by deducting from "previous balance" all payments received and credits made to your account within 25 days of the closing date of your previous statement. You will avoid a FINANCE CHARGE by mailing full payment of the new balance so that it is received by Diamond Shamrock within 25 days from the closing date shown on your statement.

States	Monthly Periodic Rate	ANNUAL PERCENTAGE RATE
Pa., Mich., Alaska, Del., N. J., N. Dak.	.50%	6%
Ala., D. C., Ill., La., Md., Minn., Ohio, S. C., Va., W. Va., Ky., N. Y., Vt.	.66%	8%
Ga., Iowa, Mo.	.75%	9%
Conn., Hawaii, Nev., N. Mex., Wash., Wis., Kans.	1%	12%
Calif., Idaho, Ind., Mass., N. H., Okla., Utah, Wyo., B. I.	1.5%	18%
All Other States	.83%	10%

Thank You For
Trading With
Conoco

FORM 7085

The following terms and conditions apply to purchases made with another oil company's credit card. Use of another oil company's credit card to make purchases at Diamond Shamrock stations constitutes acceptance of these terms and conditions.

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States	Monthly Periodic Rate	ANNUAL PERCENTAGE RATE
Pa., Mich., Alaska, Del., N. J., N. Dak.	.50%	6%
Ala., D. C., Ill., La., Md., Minn., Ohio, S. C., Va.	.66%	8%
W. Va., Ky., N. Y., VI.	.75%	9%
Ga., Iowa, Mo.	.75%	9%
Conn., Hawaii, Nev., N. Mex., Wash., Wis., Kans.	1%	12%
Calif., Idaho, Ind., Mass., N. H., Okla., Utah, Wyo., R. I.	1.5%	18%
All Other States	.83%	10%

INSERT IN THIS DIRECTION, THIS SIDE UP

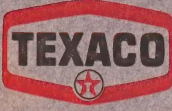
REMOVE THIS STUB WITH A QUICK, HARD SNAP

CARD NO. SOLD TO

Paid cash

TOTAL CHARGE

\$



STUCKEY'S INVOICE

NOTICE TO BUYER:
Do not sign before reading both sides of this agreement or if any spaces intended for agreed terms are left blank. Retain this copy.

DATE		
TERMS: PAYABLE WITH- OUT DISCOUNT UPON RECEIPT OR MONTHLY STATEMENT.		BUYER'S SIGNATURE X
LICENSE NUMBER	STATE	AUTHORIZATION
CHECK COMPANY CHARGE		
☐ TEXACO	☐ VISA	
☐ AM. EXP.	☐ DINERS	
☐ MASTERCARD	☐ GOVT	
ATTENDANT RO		PRICE AND AMOUNT COLUMNS IN- CLUDE ALL APPLICABLE FEDERAL, STATE AND LOCAL TAXES.
S 333707		MEMO TOTAL 23 50

ORIGINAL INVOICE

Paid cash

02350

STUCKEY'S INVOICE

61 069 84347 B
STUCKEY INC347
QUARTZSIT AZ

CREDIT SALE AGREEMENT

Buyer acknowledges re-
ceipt of a true executed
copy of this Agreement.

DATE 6 8 81

FORM 5-1990 (S) (7-780)

LICENSE NUMBER		STATE	AUTHORIZATION
CHECK COMPANY CHARGE			
☐ TEXACO	☐ VISA		
☐ AM. EXP.	☐ DINERS		
☐ MASTERCARD	☐ GOVT		
ATTENDANT RO		PRICE AND AMOUNT COLUMNS IN- CLUDE ALL APPLICABLE FEDERAL, STATE AND LOCAL TAXES.	MEMO TOTAL 23 50

ACCOUNTING COPY

THIS SIDE UP
INSERT IN IMPRINTER WITH CARE

DATE (7-80)

Paid

PROD. CODE TOTAL CHARGE

INITIAL TO VERIFY
EXPIRATION DATE
THE TERMS OF THIS AGREEMENT ARE CON-
TAINED ON BOTH SIDES OF THIS PAGE.



121057
INVOICE NUMBER

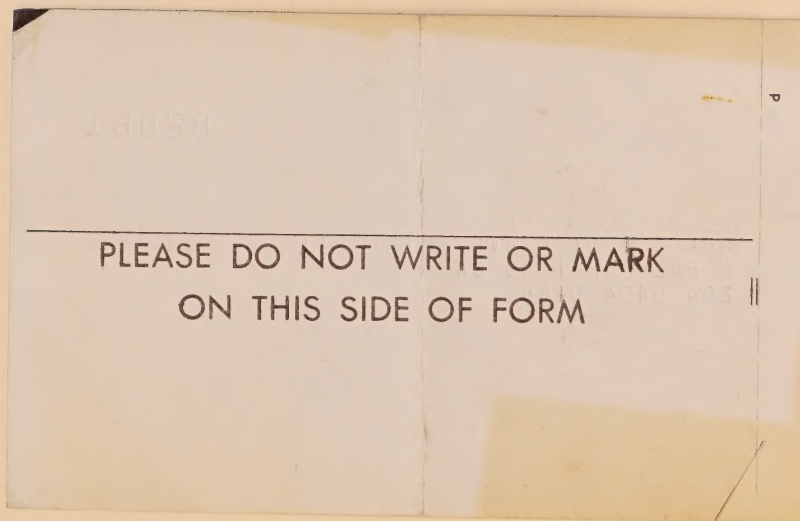
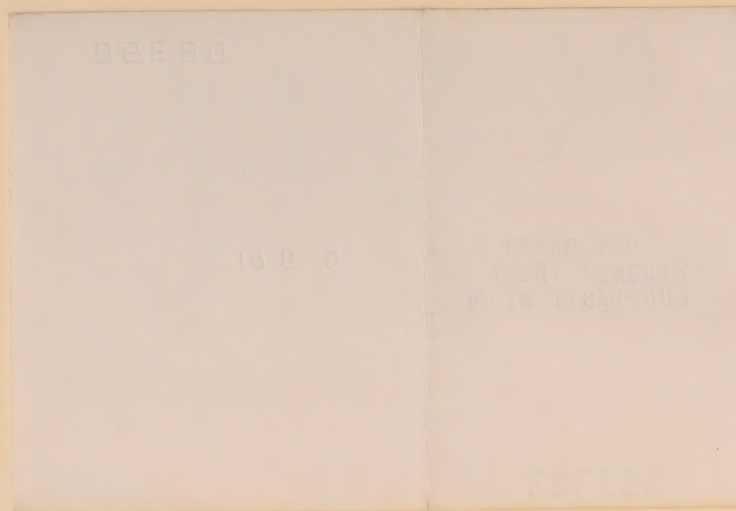
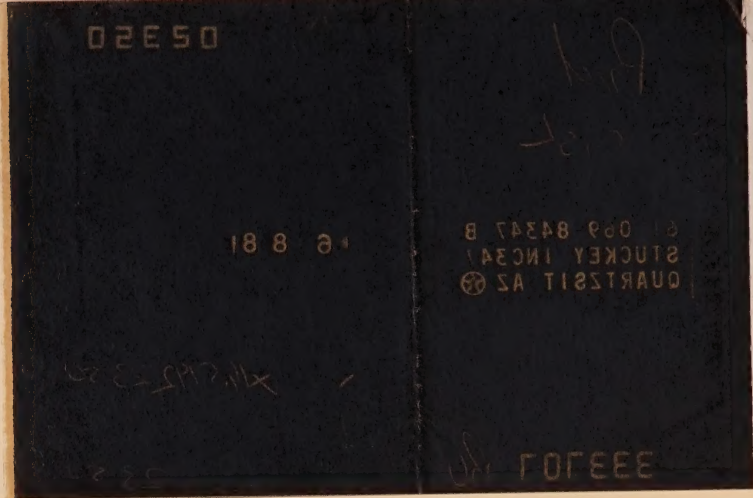
REVOLVING BUDGET PLAN AGREEMENT

NOTICE TO BUYER: (1) DO NOT SIGN THIS AGREE-
MENT BEFORE YOU HAVE READ IT OR IF ANY OF
THE SPACES INTENDED FOR THE AGREED TERMS
ARE LEFT BLANK; (2) YOU ARE ENTITLED TO A
COPY OF THIS AGREEMENT AT THE TIME YOU
SIGN IT. KEEP IT TO PROTECT YOUR LEGAL
RIGHTS; (3) YOU MAY AT ANY TIME PAY OFF THE
FULL UNPAID BALANCE UNDER THIS AGREEMENT.
I HEREBY ACKNOWLEDGE RECEIPT OF A TRUE AND
COMPLETED EXECUTED COPY OF THIS AGREEMENT.

PRODUCT / SERVICES		QUANT.	PRICE	AMOUNT
☐ SHELL REG.	☐ SUPER REG.	☐ SUPER SHELL	576	2061
☐ SHELL FIRE AND ICE R.	☐ OTHER			
OTHER				
DRIVERS LICENSE NO.		STATE	SALES TAX	
TOTAL			\$ 2061	

THIS COPY REQUIRED FOR
STATE TAX REFUND

BUYER'S SIGNATURE X			
VEHICLE TAG NO.	STATE	AUTHOR. NO.	



VICKERS PETROLEUM CORPORATION		VICKERS		0180	
WICHITA, KANSAS		P.O. BOX 1757		67201	
AUTHORIZATION NO.		COMPANY ISSUING CARD		LICENSE NO. & STATE & YEAR	
1		2		3	
4		5		6	
7		8		9	
10		11		12	
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16		17		18	
19		20		21	
22		23		24	
25		26		27	
28		29		30	
31		32		33	
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256		257		258	
259		260		261	
262		263		264	
265		266		267	
268		269		270	
271		272		273	
274		275		276	
277		278		279	

TELUM, INC.

BINGO GAS

CASH RECEIPT

- ☐ Ehrenberg, Ariz. I-10
- ☐ Kingman, Ariz. I-40
- ☐ Picacho Peak, Ariz. I-10
- ☐ West Memphis, Ark. I-40 & I-55
- ☐ Barstow, Calif. I-15
- ☐ Delano, Calif. U.S. 99
- ☐ Dunnigan, Calif. I-5
- ☐ Ontario, Calif. I-10
- ☐ New Haven, Conn. I-95
- ☐ Minden, Iowa I-80
- ☐ Florence, Ky. I-75 & I-71
- ☐ Elkton, Md. I-95
- ☐ Frederick, Md. I-70 & I-270
- ☐ Deming, N.M. I-10
- ☐ Lupton, Ariz. I-40

- ☐ Overton, Neb. I-80
- ☐ Pleasant Dale, Neb. I-80
- ☐ Ryepatch, Nev. I-80
- ☐ Tucumcari, N.M. I-40
- ☐ Salem, Oregon I-5
- ☐ Florence, So. Car. I-95
- ☐ Spencer, So. Dak. I-90
- ☐ Knoxville, Tenn. I-75 & I-40
- ☐ Winnie, Texas I-10
- ☐ Orem, Utah I-15
- ☐ Parowan, Utah I-15
- ☐ Ellensburg, Wash. I-90
- ☐ Bigelow Rd., Wyo. I-80
- ☐ Hillsdale, Wyo. I-80
- ☐ Sinclair, Wyo. I-80
- ☐ Sterling, Penn. I-84

NAME _____ DATE _____ 19__

QUAN.	ITEM	PRICE	AMOUNT
✓	GAS	23	30
	DIESEL		
	OIL		
	GROCERIES		

49

23 30

THANK YOU — WE APPRECIATE YOUR BUSINESS!

01700

AMOUNT OF CHARGE

NOTICE TO BUYER:

CUSTOMER ACKNOWLEDGES THAT THIS SALE IS MADE PURSUANT TO THE TERMS OF PHILLIPS' RETAIL CHARGE AGREEMENT WITH THE BUYER WHOSE ACCOUNT NUMBER IS SHOWN ABOVE AND ACKNOWLEDGES BUYER'S PRIOR RECEIPT OF SUCH AGREEMENT, WHICH IS HEREBY INCORPORATED BY REFERENCE.

DATE INVOICE NO.

061281 634565



PRODUCT OR SERVICE	QUANTITY	PRICE	AMOUNT
☒ UNLEADED ☐ GASDOL ☒ REGULAR ☐ DIESEL	13.4	122	17.00

☐ UNLEADED ☐ GASDOL
☒ REGULAR ☐ DIESEL

MOTOR OIL

CUSTOMER'S SIGNATURE

VEHICLE OR ORDER NUMBER

LICENSE NUMBER

STATE

YEAR

APPLICABLE FEDERAL, STATE AND LOCAL TAXES INCLUDED IN PRICE AND AMOUNT.

TRANSACTION NO.

79-3 08-80

CUSTOMER'S COPY

BE SURE THESE AMOUNTS AGREE

Customer *Paid Cash*

02000

1202 05772
EAT CORRIGAN
NEW HARTFORD

061481 Number
41800 Date

ARCO 

ARCO Petroleum Products Company
Division of AtlanticRichfield Company

ARCOclear Gasoline	ARCO Gasoline	ARCOunleaded supreme Gasoline	Quantity	Price	Amount
☐	☐	☐	15.8	25.9	20.00

License Number _____ State _____

Served by _____ Authorization No. _____

Total Charge Applicable taxes included **\$20.00**

Signature *X*

Customer's Copy

Customer *cash*

01000

1202 05772
EAT CORRIGAN
NEW HARTFORD

88027 Number
88027 Date

ARCO 

ARCO Petroleum Products Company
Division of AtlanticRichfield Company

ARCOclear Gasoline	ARCO Gasoline	ARCOunleaded supreme Gasoline	Quantity	Price	Amount
☐	☐	☐	15.8	25.9	20.00

License Number _____ State _____

Served by _____ Authorization No. _____

Total Charge Applicable taxes included **\$25.02**

Signature *X*

Customer's Copy

RETAIL CHARGE AGREEMENT

cash

INVOICE AMOUNT

AUTH. CODE _____ SALESMAN _____

AUTO TAG NO. _____ STATE _____

DRIVERS LICENSE NO. _____ STATE _____

Mobil MOBIL OIL CREDIT CORPORATION

DEALER ACCOUNT NUMBER _____ DATE _____ NUMBER 1985124

CUSTOMER COPY

PRODUCT OR SERVICE	QTY.	PRICE	AMOUNT
☐ LEADED ☐ UNLEADED MOTOR FUEL (GRADE) _____			
LABOR			2.00
REPAIR ORDER # _____			
PRICES INCLUDE APPLICABLE FEDERAL & STATE EXCISE TAXES		SALES TAX	
TOTAL MUST AGREE WITH AMOUNT IMPRINTED AT TOP	TOTAL		2.00

CUSTOMER SIGNATURE *X*

NOTICE TO BUYER. Do not sign before reading both sides or if any spaces intended for agreed terms are left blank. Retain this copy. You may at any time pay the full balance.

TEXACO CANADA INC., BOX C.P. 1400, LAIN MILLS, ONT. M9S 4T7

CO-65 ARC (1-79)

**Atlantic Richfield
would like
to remind you:**

**On all
the issues
of the day—**

**Be an involved
American.**

**Consider the
facts.**

Take a stand.

Get involved.

**Atlantic Richfield
would like
to remind you:**

**On all
the issues
of the day—**

**Be an involved
American.**

**Consider the
facts.**

Take a stand.

Get involved.

INSERT IN THIS DIRECTION THIS SIDE UP
 REMOVE THIS STUB WITH A QUICK HARD SNAP
 MOORE BUSINESS FORMS, INC. BU MOORE-SCAM®

Thank You. Please come again!

TOTAL CHARGE \$

TEXACO
 PETROLEUM PRODUCTS

DATE

TERMS PAYABLE WITHOUT DISCOUNT UPON RECEIPT OF STATEMENT

BUYER'S SIGNATURE

PRODUCTS & SERVICES

QTY. PRICE INCL. TAX TAX PER GAL. AMOUNT

☐ SKY CHIEF ☐ 8RIE CHIEF ☐ LEAD FREE
☐ MAYOLINE MOTOR OIL ☐ TEXACO MOTOR OIL

AUTHORIZATION **054541**

SERVICE ORDER

SALES TAX

LICENSE STATE

(INCLUDING ALL APPLICABLE FEDERAL, STATE AND LOCAL TAXES.)

TOTAL

VEHICLE MILEAGE ATTENDANT

Working to keep your trust

ORIGINAL INVOICE

Station Stamp

G B S 01-1-124 #4065

NO ADAMS TULSA SELF-SERVICE

273 State Road

No. Adams, Massachusetts 01247

CASH RECEIPT

SIGNATURE *JM*

DATE *6-15-81*

QUAN.	PRICE	AMOUNT
GASOLINE REGULAR ☒ NO LEAD ☐ GASOHOL ☐ GALS.		<i>10 -</i>
DIESEL FUEL ☐ GALS.		
MOTOR OIL 10W40 ☐ ND ☐ QTS.		
OTHER		
SALES TAX		
TOTAL \$		<i>10 -</i>

CUSTOMER
DEALER

Paid Cash

PRODUCT CODES

CREDIT CARD INVOICE

CUSTOMER'S COPY

DIVISION OF TOTAL PETROLEUM, INC.
 ALMA, MICH. 48901

0523761

DATE

QUANT. PRICE AMOUNT

AUTHORIZATION

DELIVERED BY

MOTOR FUEL

LICENSE NO.

STATE

MOTOR OIL

SIGNATURE

SALES TAX

TOTAL

THIS INVOICE CONSTITUTES A CONTRACT. BY SIGNING THIS CREDIT CARD INVOICE YOU AGREE TO PAY ACCORDING TO THE TERMS OF THE AGREEMENT YOU ENTERED INTO AT THE TIME THE CARD WAS ISSUED, OR ACCORDING TO THE TERMS OF ANY SUBSEQUENT AMENDMENTS THERETO.

PRODUCT CODES:
 1. MOTOR FUEL/MOTOR OIL
 2. TIRES BATTERIES OR ACCESSORIES
 3. SERVICE AND SUPPLIES

PLEASE SAVE THIS COPY FOR YOUR RECORDS.

REMOVE CARBON BEFORE COMPLETING INFORMATION ON THIS SIDE

STREET ADDRESS

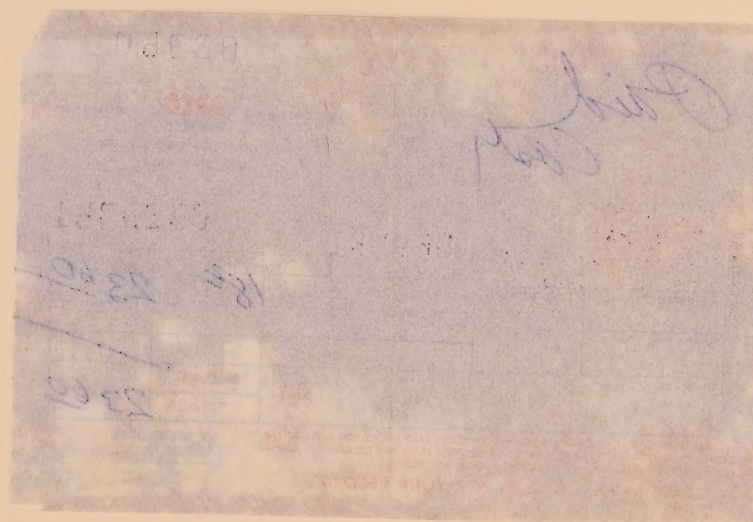
CITY

STATE

ZIP CODE

13 818 03850
LIVE BEACH
FL 33461

CO-100 2/61



HOW YOU CAN HELP SPEED YOUR REFUND

When you contact us, be prepared to:

- furnish the serial numbers of missing Travelers Cheques (use the space below to keep a record of your Cheques),
- tell us where you purchased the Cheques,
- furnish identification or other means of identifying yourself.

List the full serial number of each Travelers Cheque at the time of purchase. As each is used, indicate when and where.

CHEQUE AMOUNT	SERIAL NUMBER	DATE SPENT	WHERE SPENT	CHEQUE AMOUNT	SERIAL NUMBER	DATE SPENT	WHERE SPENT
20	057-570	6/5	Sambos	20			
20	057-571		Uhaul				
20	057-572	6/6	"				
20	057-573	6/6	Gas Sher				
20	057-574	6/6	Ventura				
20	057-575	6/7	Gas Truck				
20	576						
20	577	6/8	Gas				
20	578						
20	579	6/9	Gas Exxon				
			Fullerton				

KEEP UNUSED CHEQUES AS EMERGENCY MONEY OR FOR FUTURE TRIPS.

CREDIT CARD NO. P9843377

DEALER: KM SER STA DALHART TX 5 06601 4

CUSTOMER'S SIGNATURE: X 061081

DATE: 240019

AMOUNT: 2400

QUAN: 19

PRICE: 12

PRODUCT OR SERVICE: PREMIUM REGULAR GAS UNLEADED BLUEVELVET H.D. OIL V.L.

EXTENDED TERMS: 3 MO. 6 MO. COMPLETE FORM KM-2260

DEALER'S SIGNATURE: [Signature]

CUSTOMER'S COPY: 2400

TOTAL: 2400

MUST AGREE WITH AMOUNT IMPRINTED ABOVE

CHEKER OIL COMPANY

GENERAL OFFICES - P.O. BOX 162, HAZEL CREST, IL 60429

#603 111 N. FAYETTE
EL PASO, ILL 61738

STATION LOCATION

SOLD TO

ADDRESS

Cash

PRICES SHOWN BELOW INCLUDE ALL TAXES

GALS.	PRODUCTS	PRICE	AMOUNT
	CHEKER REGULAR		35.00
	CHEKER NO LEAD		
	CHEKER PREMIUM		
	10W40		
	HD 20W30		
	REG 20W30		
	A.T.F.		
	SALES TAX		25.00

DATE

6-13-81

BY

H. En

CASH RECEIPT
FORM BUYERS SERVICE

Cash Sales Receipt

Union Oil Company of California



STATION NO. 0312 LICENSE NO. DATE 6/13/81
SOLD TO DRIVER

QUANTITY	COMMODITY	PRICE	AMOUNT
6.5	UNION 76 Super Gasoline		
	UNION 76 Regular	15.99	10.00
	UNION 76 Unleaded Gasoline		
	Super M.O.		
	Premium M.O.		
	Custom M.O.		
	State tax		
	SALES TAX		
	Total		10.00

Received Payment

WOLVERINE TRUCK PLAZA, INC.

Salesman

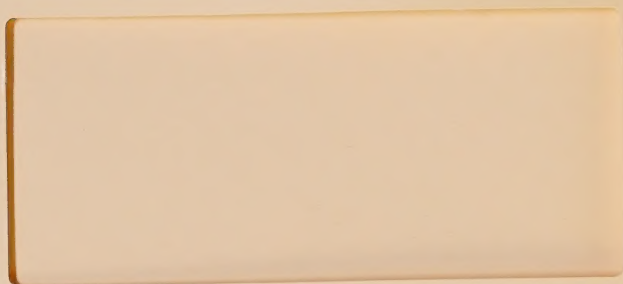
194 & BAKER ROAD

DEXTER, MICHIGAN 48130

Amount Column includes applicable state & federal taxes

Form 3-4H (10/8/78) PRINTED PHONE 313/426-3951

MAJORIE F. RAGONA
SOMERVILLE HOSPITAL



MAJORIE F. RAGONA
SOMERVILLE HOSPITAL

EMPLOYEE BENEFIT STATEMENT

CONFIDENTIAL REPORT

FEBRUARY 1, 1982

Somerville Hospital
230 Highland Avenue
Somerville, MA 02143
Telephone 617-666-4400



SOMERVILLE HOSPITAL

230 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143 • TEL. 666-4400

Normand E. Girard, *President*

February 1, 1982

Dear Employee:

Your benefits as a Somerville Hospital employee form a substantial and valuable addition to your paycheck.

We have prepared for you a statement of the value of these benefits which are specific to you, personally.

In addition to identifying the dollar value of your benefits, this booklet describes the benefit package in detail, for your information and future reference.

While your dollar wages provide you with income for your daily living, your benefit wages provide you and your family with security in the event of illness, disability, or death, as well as leisure time for holidays and vacations, a retirement income, and many other needs.

We are constantly seeking improvements in our employee benefits to tailor them more nearly to our employees' needs and preferences. A questionnaire is enclosed for this purpose. After you review your benefits, we would appreciate receiving your comments, using the prepaid return envelope.

Sincerely,

Normand E. Girard
President

NEG:jtr
Encl.

EMPLOYEE BENEFITS STATEMENT FOR

MAJORIE F. RAGONA
126-22-6194

*
* ANNUAL
* COST TO
* EMPLOYER

1. SOCIAL SECURITY BENEFITS

DEATH BENEFIT (LUMP SUM) \$255.00

SURVIVOR BENEFITS (MONTHLY)

SPOUSE AND 2 OR MORE CHILDREN \$820.87

SPOUSE AND 1 CHILD \$703.60

SPOUSE AT 60 \$335.38

RETIREMENT BENEFIT AT AGE 65 (MONTHLY) \$484.55

\$215.41

2. GROUP INSURANCE BENEFITS

HARVARD COMMUNITY HEALTH PLAN BENEFITS

SERVICES HC HEALTH CENTER (YOU PAY \$1)

NUMBER OF VISITS

BALANCE

OFF VISITS-AFTER HRS. (YOU PAY \$3) PER

UNLIMITED

IN-PATIENT--SERVICE--HCHP HOSPITAL

BALANCE

ROOM & BOARD - SEMI-PRIV.

OTHER SERVICE-(ANESTHIA, GEN. NURSING)

100%

PHYSICIANS' & SURGEONS' SERVICES

100%

MATERNITY CARE IN HCHP CENTER/HOSPITALS

NO CHARGE

PRE NATAL CARE (YOU PAY \$1 PER VISIT)

DOCTOR & HOSPITAL CHARGES--MOTHER & CHILD

BALANCE

OTHER HEALTH SERVICES

NO CHARGE

ORGANIZED HOME HEALTH CARE SERVICES

AMBULANCE SERVICE

NO CHARGE

DENTAL CARE - BENEFITS

CLASS 1-CHARGES (NO DEDUCTIBLE)

100%

CLASSES 2, 3 & 4 (AFTER DEDUCTIBLE) PER

SCHEDULE

MAXIMUM PER CALENDAR YR. / PER PERSON

\$1,000.00

ORTHODONTIC LIMIT--LIFETIME MAXIMUM

\$750.00

DEDUCTIBLE-CALENDAR YR. / PER PERSON

\$50.00

DEDUCTIBLE-CALENDAR YR. / PER FAMILY

\$150.00

\$497.64

3. WORKERS' COMPENSATION INSURANCE

\$6.15

4. UNEMPLOYMENT INSURANCE

\$6.48

5. ADDITIONAL BENEFITS

NUMBER OF HOLIDAYS 3. \$37.38

DAYS OF VACATION 2.5 \$31.15

SICK DAYS 3. \$37.38

OTHER PROGRAMS: OVERALL AVG. -REST PERIOD

CAFETERIA, CREDIT UNION, TUITION AID, JURY

DUTY, MILITARY LEAVE, BEREAVEMENT LEAVE,

EMPLOYEE HEALTH SERVICES. \$74.75

\$180.65

*** TOTAL APPROXIMATE ANNUAL BENEFIT COST TO EMPLOYER *** \$906.33

YOUR APPROXIMATE HIDDEN PAYCHECK IS 27.98% OF YOUR ANNUAL INCOME

SOMERVILLE HOSPITAL

The figures presented below cover the calendar year of 1981:

1981 ANNUAL BASE SALARY:	\$3,239.20	(1)
1981 EMPLOYER BENEFIT COST:	\$906.33	(2)
1981 TOTAL SALARY AND BENEFITS:	\$4,145.53	(3)
1981 PERCENTAGE OF BENEFIT COST TO	27.98%	

- (1) Does not include overtime, shift differential, or weekend premium
- (2) Does not include the employee's contributions, if any.
- (3) Total of (1) and (2)

* EQUAL EMPLOYMENT OPPORTUNITY *

SOMERVILLE HOSPITAL agrees with the spirit and intent of the federal regulations concerning the prohibition of discrimination of any kind in employment practices. The Hospital is committed to an Affirmative Action Program for minorities, females, the handicapped and veterans which will insure fair employment practices.

SOMERVILLE HOSPITAL will recruit, hire, train and promote for all job classifications without regard to race, creed, religion, color, national origin, sex, marital status or age. The same policy applies to the handicapped and veterans.

SOMERVILLE HOSPITAL will administer personnel actions such as compensation, benefits, transfers, hospital sponsored training and education, tuition assistance, social and recreational programs without regard to race, creed, religion, color, national origin, sex, marital status or age. The same policy applies to the handicapped and veterans.

Great care has been taken to insure the accuracy of this report; however, there is no warranty of complete accuracy. The actual determination of the benefits reported must be governed by the provisions of the legal documents pertaining to the various benefit programs. Thus, this statement cannot be considered a legally binding document and could be subject to errors in accumulation of data or in calculations to be corrected in the future. Contact the Personnel Department with any questions.

* PROTECTION*SECURITY*OPPORTUNITY *

Your employee benefit plans are part of your resources for you and your family's well being. The Hospital pays the major cost of these benefits for all regular full time employees and those part time employees scheduled for at least 20 hours per week.

MANDATORY PROGRAMS:	Social Security, Worker's Compensation Unemployment Insurance (Required by State and Federal regulations).
PROTECTION:	Life Insurance, Medical & Dental Insurance
SECURITY:	Income for Retirement, Disability, Death Benefits, Sick Leave Benefits.
OPPORTUNITY:	Educational programs, Vacation & Holiday benefits (work at least 20 hours per week).

* SOCIAL SECURITY *

You and the Hospital are partners in an investment in which you receive 100% of the benefit. The investment is your account with the SOCIAL SECURITY BOARD. Investments in your account are paid half by you in payroll deductions, and half by the Hospital, as required by law. To receive a statement of your SOCIAL SECURITY earnings and insure that your account is being properly credited write to:

SOCIAL SECURITY ADMINISTRATION
POST OFFICE BOX 57
BALTIMORE, MARYLAND 21203

Be sure to include your correct name, social security number, date of birth, previous name if changed since your social security card was issued, and sign your request. It is important to verify this information to insure receiving monthly benefits upon retirement or benefits for your family at your death.

* WORKERS' COMPENSATION *

In accordance with State law, your employer provides coverage under WORKERS' COMPENSATION INSURANCE which pays benefits to anyone who is injured as a result of employment. All injuries incurred while working must be reported immediately.

* UNEMPLOYMENT COMPENSATION INSURANCE *

The Hospital provides employees with UNEMPLOYMENT COMPENSATION benefits for involuntary loss of work. Eligibility is controlled by State & Federal laws and the payment of benefits depends on whether the terminated employee is able and willing to work.

* COMPREHENSIVE INSURANCE PROGRAMS *

LIFE INSURANCE: Once you have completed 6 months of continuous service as a regular employee (20 hours or more a week) and are 18 years of age or older, you will be enrolled in the LIFE INSURANCE AND THE ACCIDENTAL DEATH & DISMEMBERMENT PLANS.

Your benefit amount is equal to your annual base salary. Benefit is reduced at age 65 to 65% of your scheduled amount.

The Hospital pays the full cost for this coverage.

ACCIDENTAL DEATH & DISMEMBERMENT: Benefit is calculated in the same manner as Life Insurance. The loss must be suffered directly and solely as a result of accidental bodily injury and must occur within 90 days of the accident. The Hospital pays the full cost for this coverage.

BASIC MEDICAL & EXTENDED CARE: After completing 30 days of employment, an employee who works a minimum of 20 hours per week is eligible to enroll in our Blue/Cross Blue/Shield, Harvard or Bay State Health Plans with Hospital cost participation. Premiums for individual and family coverage are based on the number of hours worked each week.

For those employees or dependents who are covered or eligible to be covered by Medicare, the Hospital provides Master Medical "CARVE OUT" or Harvard Plan 65 coverage for all permanent employees who work at least 20 hours per week and have reached age 65. This coverage is provided at no cost to the eligible employee.

DENTAL CARE: Plan provides coverage for Preventive, General and Prosthetic services for you and your dependents. Maximum benefit per person is \$1,000.00 per calendar year. Orthodontia-\$750.00 Lifetime maximum.

LONG TERM DISABILITY: Employees working 30 hours or more per week are eligible to participate in this program after completing 6 months of employment. An insured employee who becomes totally disabled will receive benefits beginning on the 91st day of disability, payable up to age 65. Benefit is calculated at 60% of base monthly salary up to a maximum benefit of \$4,000.00 per month. Coverage under this program is terminated when you attain the age of 65. This Plan is paid for by the Hospital.

Employees should refer to their Group Insurance Booklets for more specific and detailed information about the programs.

* RETIREMENT PROGRAM *

The RETIREMENT PROGRAM for employees of Somerville Hospital was established to provide you with a monthly income at retirement. The monthly retirement income provided by your participation in the Retirement Program will not be coordinated or integrated with the monthly income received from SOCIAL SECURITY. Pension benefits are insured by the PENSION BENEFIT GUARANTY CORPORATION. The Administrator can provide each participant in the program with an Annual Statement of Account.

Employees are eligible after completing 1 year of employment if the following criteria are met: 25 years of age, under age 60 when hired and scheduled for 1000 hours of work for the year. Enrollment takes place on April 1 or October 1 following the attainment of the eligibility requirements.

Employees should review the Summary Plan Description which covers in detail the specifics of the plan.

* HOLIDAYS *

The Hospital observes 11 paid holidays per year.

New Year's Day, Washington's Birthday, Patriot's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day and a Personal holiday. The Personal holiday may be taken on any day after 6 months of new employment with the approval of your Department Head.

You are eligible to receive Holiday pay ONLY if you work your scheduled work day before and after a Holiday unless approval has been granted. If you work 20 hours or more per week your Holiday benefits will be Prorated and based on your weekly hours in effect on the day of the Holiday. If the scheduled Holiday falls on a Saturday it will be observed on Friday. When a Holiday falls on a Sunday it will be observed on Monday.

* VACATIONS *

Vacation time is accumulated on a schedule basis. The schedules are calculated on the basis of the number of hours worked (minimum 20) and your length of service. The general vacation schedule is as follows:

CREDITED SERVICE-COMPLETED

ONE YEAR
FIVE YEARS
TEN YEARS

VACATION ALLOWANCE

TWO (2) WEEKS
THREE (3) WEEKS
FOUR (4) WEEKS

Employee may use accumulated vacation time after 6 consecutive months of employment, subject to approval. Department Heads will prepare Vacation schedules early in the calendar year. You may request vacation time; however final assignments will be based on the Hospital's operating requirements and your length of service.

* SICK LEAVE *

Paid Sick Leave protects you from a major loss of income due to personal illness or injury. It may not be used for any other purpose. Employees who work 20 hours or more per week start to accumulate Sick Leave from their first day of employment. Sick Leave will be paid after 90 days of continuous employment. Sick Leave hours accrue on a monthly basis, based on the number of hours worked in a week. Full time employees accrue 8 hours a month accumulative to 90 working days. Sick Leave will only be paid if the employee follows the proper reporting procedures as outlined in your policy handbook. Information about unused Sick Leave being available for Personal Time Off (PTO) is detailed in your Personnel Policies Handbook.

* EDUCATIONAL ASSISTANCE *

The purpose of this program is to encourage employee's personal development, to help them become more effective on the job and to increase their potential for development at the Somerville Hospital. To qualify for tuition reimbursement the following requirements must be met: 1) Work 20 hours or more per week--eligible after three (3) consecutive months of employment. 2) Courses must be approved in advance. 3) Commit in writing your intention to remain an employee at Somerville Hospital for one (1) year following course completion or forfeit the reimbursed funds. 4) Attain a grade of "c" or better or "passage" of a pass-fail course. 5) Evidence of Tuition paid. After compliance with these requirements employees will be reimbursed 75% of their tuition costs to a maximum reimbursement of \$750.00 per Fiscal Year.

Employees entitled to reimbursement under State or Veteran's programs or Scholarship program funds are not eligible for Tuition aid from the Hospital.

* LEAVES OF ABSENCE WITH PAY *

MILITARY DUTY: When completing summer military training you will receive the difference between your base military pay and what you would normally earn for up to 10 working days in each calendar year.

JURY DUTY: The Hospital will pay the difference between your juror's check and your regular pay for days you would have been working.

DEATH IN THE FAMILY: If you work full-time or regular part-time and have completed your probationary period, you will be paid during an absence required to arrange for, or attend, the funeral of someone in your immediate family. You will receive up to 8 hours pay for each working day absent to a maximum of 3 days. Immediate family is considered to be a father, mother, husband, wife, sister, brother, son, daughter, father or mother-in-law, or legal guardian.

You will receive up to 8 hours pay for 1 day absence due to death of member of your family in one of the following relationships: Grand-parent, brother or sister-in-law or daughter or son-in-law.

Such days shall be considered as days worked for the computation of overtime.

* OTHER PROGRAMS *

There are other programs and services that are offered by the Hospital and available to employees of the Hospital. Details about these programs are in your Personnel Policies Handbook.

1. TAX SHELTERED SAVINGS/ANNUITY PROGRAM
2. EMPLOYEE HEALTH SERVICE PROGRAM & HOSPITAL SERVICES
3. CREDIT UNION
4. SERVICES OF NOTARY PUBLIC
5. SUBSIDIZED CAFETERIA
6. DISCOUNT PHARMACY SERVICES
7. SUBSIDIZED SOCIAL & RECREATIONAL ACTIVITIES

* ESTATE PLANNING *

Estate planning is very important and should be considered by everyone.

The following page has been provided to you so that you may organize the necessary information in case of an emergency. Although we all like to think we are indestructible, we must be practical and consider our families in case of an unforeseen tragedy. Have you considered the following questions?

1. What will happen to your personal property if you die?
2. Who will care for your children if you and your spouse are seriously injured or killed?
3. Who should be contacted in case of a family emergency?
4. Where are your important documents kept?
5. Do you have a will and is it up to date?
6. Do you have assets that your family may not be aware of?

Answers to these questions are important so that your family, heirs and yourself may be cared for as you want. Improper or incomplete planning may result in unnecessary taxation, delays in distribution, and improper care for you and your family.

Take a few moments to fill out the information sheet and prepare the necessary documents so that you and your family may be cared for according to your wishes.

IMPORTANT INFORMATION

EMERGENCY CONTACTS

	Name	Address	Telephone
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Insurance	_____	_____	_____
Clergy	_____	_____	_____
Doctor	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WILLS

My will location _____ Date executed _____
Executor _____ Guardian _____

Spouse's will location _____ Date executed _____
Executor _____ Guardian _____

INSURANCE COVERAGE

Renewal Date	Company	Policy #	Coverage Type	Amount	Insured Name	Beneficiary Name
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IMPORTANT DOCUMENTS

Birth certificate _____ Tax records _____
Marriage certificate _____ Title certificates _____

BANK ACCOUNTS

A/C # Type Location

SECURITIES

Description # Location

SAFE DEPOSIT BOX

Location #

DEEDS

Description Location

PENSION PLAN AT _____ PROFIT SHARING AT _____

TAX SHELTERED ANNUITY: _____

SOMERVILLE HOSPITAL
EMPLOYEE BENEFIT STATEMENT

After reviewing the Statement, please take a moment to complete this survey and return in the enclosed postage paid envelope.

1. What is your general impression of this Benefit Statement?

_____ Excellent
_____ Good
_____ Fair
_____ Poor

2. What benefits are most important to you? Why?

3. What benefits are least important to you? Why?

4. Any other comments you may have:

Signature

Department

PLEASE PRINT YOUR NAME AND FULL ADDRESS

FROM _____

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 34904 BOSTON, MASS.

POSTAGE WILL BE PAID BY

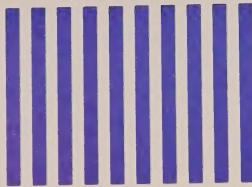
SOMERVILLE HOSPITAL

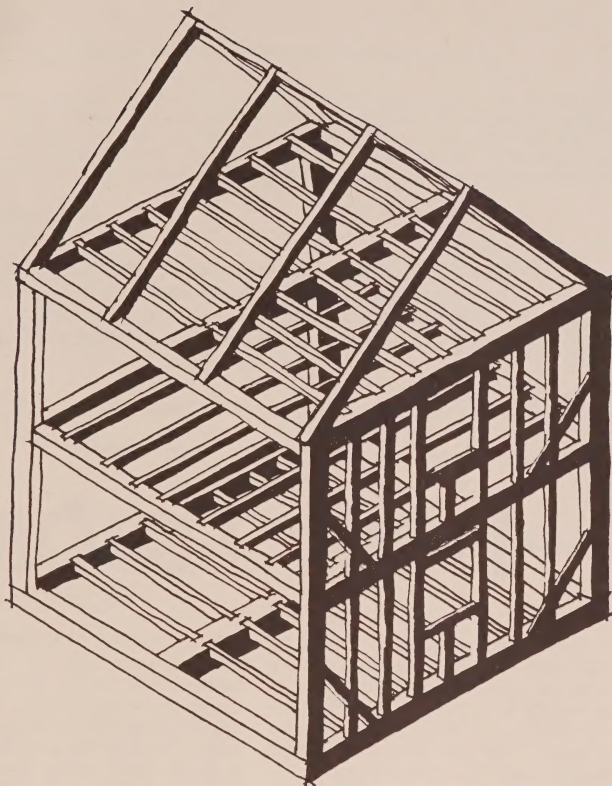
230 HIGHLAND AVENUE

SOMERVILLE, MASS. 02143

Personel Department

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES





how to date a house: part one and part two

by David M. Hart

Reprinted with permission from the July and November issue of *Yankee Magazine* published by Yankee, Inc., Dublin, NH, copyright 1976

Each detail of the appearance and construction of a home contains a clue to the structure's age. Style, orientation, frame, windows, siding, even nails can tell you something. Here's how an expert adds up all those little clues. . . .

text and line drawings by David M. Hart

★ how to date

□ THERE ARE THREE BASIC WAYS TO date your house: through documentary evidence, comparison of the house to known styles, and examination of physical evidence. No one of these three approaches is sufficient in itself. Together they will lead to firm conclusions.

This article is written from the standpoint of New England, but can be used in a general sense for other parts of the country. However, variations in timber-framing techniques, finishes, and stylistic origins dictated very different solutions in such places as Albany, New York, Philadelphia or New Orleans, and one must be careful in generalizing from the specifics addressed. Fortunately, some building components and techniques, such as nails and sash types, were in general use throughout the colonies and can be used as general guides.

DOCUMENTARY EVIDENCE

Dating your home by documentary evidence involves the examination of all known documents relating to the structure and land. This includes a gathering together of all available source materials such as deeds, wills, town and state records, maps, photographs, and history books for inspection and comparison.

A land title search is usually very helpful in tracing the ownership pattern. The accepted procedure is to trace the property from the present back to the earliest records. It is extremely important to trace back to the origin in order to authenticate the results with a clear title line. Land was often divided in confusing ways over the years, and a dead end in a deed search can sometimes be circumvented by a search of deeds to the adjoining property, which may show the

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FIGURE 1

A "First Period" house, the common style up to about 1725. Typical characteristics: massive chimney, casement windows, asymmetrical plan and elevation, steep roof pitch (45°-60°), and gable overhangs.



FIGURE 2

"Georgian" style, popular from about 1725 to 1790. Typical characteristics: a large central chimney, moderate roof pitch of 30°-40°, center entrance, a balanced plan and elevation, and double-hung windows.



a house ★



FIGURE 3

The "Federal" style, in vogue with New England housewrights from about 1780 to 1820. Typical characteristics: a low-profile roof, balustrade across roof edge, balanced elevation, and light classical trim details.

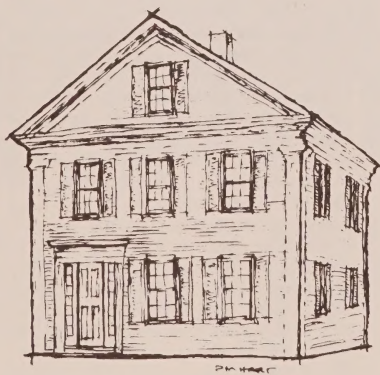


FIGURE 4

The "Greek Revival" style was common from about 1820 to 1860. Typical characteristics: a pedimented gable end facing the street, pilasters on the corners, heavy trim, and small, spindly chimneys.

There are very few, if any, remaining examples of First Period homes that have not been altered...

division of the land in question.

Dating by documentary evidence is frequently difficult and time-consuming and, due to missing records, sometimes impossible, but will often produce the exact date of construction. However, a few cautions must be kept in mind:

1. A home may have been moved into its present site from somewhere else, thus confusing the date of the structure which may be later than documentary evidence would indicate.
2. An earlier house may have been moved off the site; or could have been torn down, burned, or otherwise destroyed. The construction of the newer house need not necessarily show up on records, so that documentary evidence points to a misleadingly early date of construction.

STYLISTIC DATING

There are many reference sources available that can be used to determine a house's age from its exterior appearance; for this article only the highlights of the more common vernacular styles will be touched upon.

First Period (1620-1725): This style was characterized by a steeply pitched roof (45° and steeper), gable and story overhangs, drops and pendants, massive chimney stacks, and leaded glass windows. There are few, if any, remaining examples of this type that have not been at least moderately altered but, with careful analysis, one can recreate (on paper) the house's original appearance. (See Figure 1.)

Georgian or Second Period: This style became widespread after 1725, and continued right up through the Revolution. Typically, houses of this period have a balanced design (double-hung windows on either side of a central entrance) and are similar to what we sometimes call "center-entry colonials." This style did go through several small variations and

changes that relate to economic conditions, time and locality. (See Figure 2.)

After 1790, styles changed with more rapidity. Post-colonial styles such as the Federal from 1790 to 1820, and the Greek Revival from 1820 to 1860 (see Figures 3 and 4), gave way to a flurry of romantic and eclectic styles such as Queen Anne, Shingle, Second Empire, and so on. A detailed discussion of these styles may be found in sources such as Marcus Whiffen's *American Architecture Since 1780; A Guide to the Styles*.

It is important to note, however, that early houses were often updated to the prevailing style and it is not unusual to find an original Georgian house that has been given larger Federal windows, then a Greek Revival entrance, and finally a room or more remodeled in the Victorian era. One should be careful not to rely too heavily on any particular component, and the house should be appreciated for what it now is; it might be more important in its own right than it would be if it were "restored" to any particular period. (See *YANKEE*, December 1975, "The Eight Most Common Mistakes in Restoring Your Historic House and How to Avoid Them" by Morgan W. Phillips, for a more detailed discussion of restoring houses.)

The color photographs in this article illustrate the types of houses that one may see from the roadside; these are early homes that have been modified and now present quite a different appearance as compared to the "typical" treatment one associates with the styles.

PHYSICAL EVIDENCE

By careful examination of physical evidence one can usually determine with fair accuracy the date of many components of a house; the analysis of all such clues can then be used to arrive at an approximate date of construction. If documentary evidence is available, then the

Right: A good example of a Georgian period home — balanced facade, typical entrance — which also displays a hipped roof, used commonly in the latter part of the 18th century.

Below: This beautiful home in Wiscasset, Maine, represents high-style Federal architecture. Notice the balanced facade, three stories, low-profile roof that appears flat, and the elaborate window treatment above the entrance.





Above: This handsome, typical Greek Revival home in Massachusetts, exhibits a pedimented gable end facing the street, a columned portico modeled after ancient Greek architecture, and a standard door with side lights on both sides.

Right: Hamilton House in South Berwick, Maine, is a striking example of a Georgian home built at the height of the style's development. The house, displaying balanced facade, hipped roof, dormers and four chimneys to serve the master, is owned by the SPNEA and is open to the public.



The correlation of documentary and physical evidence often results in a

two must be correlated — an even more exciting process. This correlation of documentary and physical evidence often results in a neat dovetailing of information which can answer many questions about the structure.

There are many areas that one can examine for clues as to a structure's antiquity: the frame, nails or other devices used in construction, exterior and interior surfaces, trim elements, windows and doors.

Timber Framing

Frame types can be categorized as First Period, Second Period, Transitional, or Balloon. There are subtleties and many different combinations, but the discussion will be limited to basic types. In New England, the "Carved

Frame" was predominant from the arrival of the earliest settlers until about 1720. It was a heavy, ponderous timber frame with many of its elements carved or decorated with chamfers and other forms of embellishment. One usually finds chamfers on the summerbeam, girts and posts, though not always on the latter. This type of construction was meant to be exposed to view, and commonly had no further interior finish than plaster walls and neatly planed and molded partitions of wood. (See Figure 5.) We can assume such a chamfered frame to be "First Period" and built before about 1725. A cautionary note: many early houses were taken apart and their wooden members reused in newer homes. Thus, one can commonly see



neat dovetailing of information....

early rafters, summerbeams, girts, joists and studs reused in similar or entirely different positions, and one must be careful not to misinterpret such evidence. About 1725 a newer form of construction and style had evolved. Whereas earlier houses had an asymmetrical appearance, the new Georgian style (influenced by the English Renaissance) dictated a new harmony and symmetry in both plan and elevation. Earlier houses were remodeled to this balanced plan, with such technical innovations as double-hung sash. At the same time, the new style demanded a radical change in interiors, as the exposed beams were no longer visually acceptable. Now, beams were cased with finish boards, and ceilings plastered. The woodwork was

usually painted, in contrast to the exposed wood predominant in the first period. More intricate Georgian paneling now replaced the simple feather-edge or molded sheathing common to First Period interiors.

Changes are evident in the frame also, as housewrights gradually adopted the use of comparatively lighter members, although still similar in design and function. The major change occurred, however, in the finish of the members which, no longer meant to be exposed to view, ceased to be smoothly finished and finely carved with chamfers. Large timbers of this period were comparatively rough-hewn or sometimes sawn with an up-and-down mill saw. Subtle changes occurred throughout the eighteenth cen-

Wooden shingles rarely last more

tury, such as differences in the splay of vertical posts, and the continued trend towards lighter members. However, such trends are only generalizations, and should not be considered to be quantitatively significant in the analysis of the house.

To sum up, the Second Period (from about 1725 to about 1790) is typified by rough-hewn or rough-sawn framing members, covered up by casings and plastered walls and ceilings. Many of the First Period homes were upgraded during this time; some had their beams painted, while others had their beams cased over with beaded or plain boards.



than 40 to 70 years, and are therefore unreliable indicators of age....

Frequently the ceilings were plastered between major framing elements.

At the end of the eighteenth century, many factors were affecting the design of houses: the Industrial Revolution was making new building components available; builders' handbooks proliferated, promoting different architectural principles; and stylistic changes became frequent and dramatic. (For an excellent discussion of these styles, see *American Buildings and Their Architects, The Colonial and Neo-Classical Styles, Vol. 1*, by William H. Pierson, Jr.) All these rapid changes were accompanied by accelerated evolution towards lighter members,

with most timbers now being sawn with an up-and-down mill saw. No really drastic changes in framing technology took place, however, from the 1780's to about 1820.

Between 1820 and 1830 New England and the rest of the new nation gradually but definitively espoused a new national style, the Greek Revival. This style was popular until about 1860, and a vast number of houses were built during these decades. The construction industry underwent a tremendous change, with the production of smaller-dimension lumber greatly eased by further technological development of the up-and-

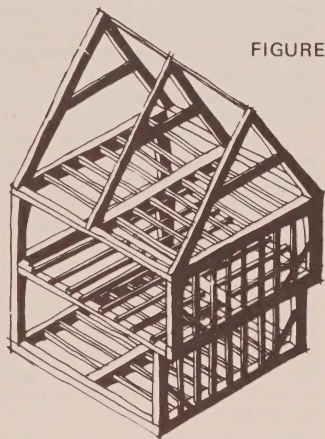


FIGURE 5

Above: Line drawing shows the characteristics of a First Period frame, which was employed by housewrights up to about 1725. The massive timbers are exposed to view on the interior, and almost always the main beams have carved chamfers.

Left: The Fairbanks House in Dedham, Massachusetts, is a good example of a First Period home, framed as shown above, even though the form of the 17th-century house (section with the steeply pitched roof) is obscured by later additions. The double-hung sash are not original, of course, since they are typical of houses later than 1715.

down mill saw, which permitted greater accuracy and increased operating speed. Sawn lumber became generally cheaper and, in the midwest, the modern "balloon frame" was born in the 1850's (so derisively named by the old-timers to imply that the new lighter-framed houses could be picked up by a strong wind and carried away like a balloon!)

In the east, however, the tradition of post-and-beam construction was adhered to until the end of the Greek Revival, or at least to the 1860's. Frames of this period were usually sawn with an up-and-down mill saw.

The major change in framing during this period was the gradual evolution from large hewn or sawn timbers pegged together with wooden pins to smaller-dimension sawn lumber fastened with large, cheap cut nails.

Towards the end of the Greek Revival, the balloon frame and its variations, the western and platform frames, became increasingly accepted. These newer techniques, at first resisted in the east, permitted standardized sizes of light lumber that one or more men could easily handle. (As a note of comparison, a post, girt or summer as used in older frames could weigh between 500 and 800 pounds, and necessitated many people to lift and assemble: a "house-raising" was not only a social event, but a technical necessity.)

Nails

Although the basic house frame was usually assembled with mortise and tenon joints, pegged with wooden pins, iron nails were used extensively in construction. This evidence is always helpful in determining the date of construction of a house. The hand-wrought nail, fashioned by a smith, was in use for thousands of years, and was prevalent right up to the 1790's, when hand-cut and machine-cut nails began to supplant them, particularly in the smaller sizes. (See Figure 6.)

Wrought and Cut Nails

Wrought nails are easily identified,

since all four sides taper to a point. Heads can vary from large "rose head" to the almost nonexistent head of a finish nail. If wrought nails were used to attach the exterior sheathing to the frame, or the interior trim, it is a good indication that the house in question was built before 1795, by which time cut nails were commonly in use. A couple of fine distinctions should be made concerning the introduction of cut nails. First, we are apt to find wrought nails in use a little later in remote districts, as new inventions did not reach these settlements overnight. Second, even though cut nails were generally much cheaper than wrought nails, early machinery was not able to handle heavy steel plates, and the larger sizes were developed later. One can often find houses with a mixture of wrought and cut nails used in their original construction; this is in itself a good hint of age, as it would indicate a transitional period of, say, 1795 to 1825.

Some subtleties are worthy of note. The first cut nails were machine-cut but hand-headed, as early machinery did not form the nail heads. During the period of 1795-1820, then, the industry produced a nail that is easily distinguished from the later cut types, assuming that the nail is in relatively good condition. About 1817 to 1820, machinery was developed which could also form the nail heads. This type of cut nail is produced even today by a few manufacturers.

Wire Nails

Cut nails, however, remained in use for less than a century, as wire nails, yet cheaper to produce, were introduced on a large scale in the 1880's. It is therefore probable that a house that contains only wire nails dates from no earlier than the 1880's.

Exterior Surfaces

Various clues can be drawn from the exterior weatherproofing surfaces of houses, but climate takes its toll of wood, paint and other exposed materials, so that it is quite likely that

such surfaces on a given house have been replaced more than once.

Roofing

Wooden shingles rarely seem to last more than 40 to 70 years, and are therefore unreliable indicators of age. Slate, although very expensive, is a very long-lived material if attached to the building properly. More often than not, slate nails determine the life of a roof, and when the nails rust through, down come the slates. Historically, slate was generally used on the more expensive buildings after the mid-nineteenth century, but had appeared in Boston even in the seventeenth century.

Sometimes one is fortunate enough to find early shingles on a roof, left in place when a later addition to the house enveloped the roof in question. Such wooden shingles, attached with wrought nails, indicate an installation date prior to 1795; after that time cut nails were used, and were continued in use until recently, since it was felt that their holding power was superior to that of wire nails.

Siding

There is considerable variation in siding materials, and only the more general types will be dealt with in this article.

As a general rule, houses were not painted or otherwise protected before approximately the second quarter of the eighteenth century. Most unprotected wood does not last long, and it is safe to say that wooden siding probably did not last more than 40 to 60 years on the earlier houses, at which time it was replaced. Examples of early siding remaining today are scarce indeed! However, just as a roof is sometimes covered over, there are examples of early siding left in place when the owner has nailed new siding over the old, or has added to the house and left the original siding in place. Such remaining examples fall into two categories: clapboards and weatherboards. Remaining early clapboards are rare — they tend to be riven, feathered at the ends, and applied with

rose-head wrought nails either to sheathing or directly to studs.

Weatherboards are simply thick wide boards, usually beveled at the top and bottom to keep out the rain, and applied horizontally to the studs. While they seem to be less prevalent than clapboards in the First Period, a few examples have been uncovered recently in New England. These are about 2" thick, with a bead or molding carved into the lower edge for decoration.

Little change in siding materials took place from 1725 until the 1780's. One expects to find 5" or 6" wide clapboards laid up 3" to 3½" to the weather throughout this period of time. These were generally sawn, skived at each end, sometimes decoratively beaded along the lower edge, usually 4' long, and attached with wrought nails.

After the Revolutionary War, the skived treatment gradually gave way to butt joints, which became the general rule in the early nineteenth century. Other exterior wall treatments came into use, however, and quite a few high-style houses were built just after the mid-eighteenth century that had matched, flush boards, or flush board with U-grooves cut in to give the effect of stone construction, called rustication. Butt-end clapboards, of course, run right up to the present day. The clapboard style and the nails used for attachment usually indicate the age of these elements.

Foundations

It is very difficult, if not impossible, to date a home accurately by its foundation alone. Generally the foundations were built of random fieldstone, laid up either "dry" (that is, no mortar used) or with clay or lime mortar. However, neither of these was practiced with enough regularity to predict the age. Actually, one can see fieldstone foundations being used right up to the twentieth century, thus confusing the issue. (continued)

Windows

Windows often give a good indication of the age of a house. Windows changed as follows:

Early windows, produced before c. 1725, were of the casement or fixed glass variety, had a wooden or metal frame, and lead or metal dividers, with small squares or diamond-shaped panes of glass. These windows are very rare today, but the evidence for casement openings is occasionally found hidden in a wall that has subsequently been boarded up. If this type of window or its frame is found, it is an indication of First Period date.

In 1705-1725, the double-hung sash made its appearance, and rapidly came into use all over the 13 colonies. These were simply two separate sash which slid up and down vertically in a window frame, sometimes with leaded glass, sometimes with new-fashioned wooden muntins. Little differentiation can be made between 1705 and 1840 in terms of general layout, but much can be determined from the muntin configuration. Generally, the muntins were originally made quite wide and flat and gradually became narrower and deeper from 1705-1860.

The kind of glass used in glazing windows is sometimes a good indication of the house's age. Crown glass was made up until about 1825, and can sometimes be recognized by its slightly curved ridges acquired during the manufacturing process. Cylindrically-processed glass was manufactured from 1825 until about 1850; identification of this type of glass is not necessarily positive, although it certainly can be described as wavy and sometimes has imperfections and air bubbles in it. After 1850, sheet glass came into use; it has all the characteristics of modern glass, i.e., it is relatively flat and free from imperfections.

The foregoing discussion represents an idealized approach to dating houses. In practical terms, there are many more facts and variations that one must be

aware of to be assured of reasonable accuracy. For example, regional variations upon the main theme are many, and often uncatalogued. The major population centers tended to follow the stylistic and technical trends quite closely, whereas the more remote areas may have architectural characteristics that are 10, 20, or even 50 years behind the times. Also, of course, there were many builders and owners who copied some style or example that they liked from another area, or duplicated an earlier house for sentimental reasons.

The interior elements of a house are often very good clues to its age of construction, or remodeling: these include doors, sash muntin profiles, fireplaces, trim, plaster, paneling and floors. These

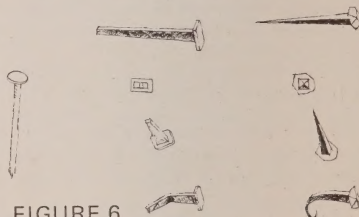


FIGURE 6

details will be the subject of a succeeding article.

Professionals are available who can give guidance to individuals and organizations in developing a program to date an historic house. These professionals can also be consulted for specific answers to more technical or complex questions than can be explored in this short article. The field of historic preservation is rapidly expanding, and is making use of various new techniques such as tree-ring dating (dendrochronology), non-destructive x-ray examination, and microscopic inspection of old paints.

Editor's Note: The second half of this article, to be published in a forthcoming issue, will deal with the interior details that determine a house's age: doors, windows, fireplaces, trim, plaster, paneling and floors.



The interior finish of
almost every house will display
exceptions and anachronistic details, but the
objective consideration of certain features
can really help pin down the age of a
structure.

by David M. Hart

HOW TO DATE A HOUSE: PART TWO

□ MY PREVIOUS ARTICLE (SEE "HOW TO Date a House," YANKEE, July 1976) dealt with the exterior and structural aspects of dating a house in New England — including the frame, roof, sidewalls and nails. This article will deal with dating the components the builder used to finish the inside of the house, including wall paneling, doors, fireplace trim, and plaster.

There are many factors that must be considered when one is examining the interior of a house and assigning a date of construction. First, as my earlier article pointed out, there is sometimes a time lag between the metropolitan and more remote areas of the region, and some constructional techniques, products, designs and ideas do not show up in remote areas for 10 or 20 years or even

more after they were first introduced in the main population centers.

The second major factor to keep in mind is that people often finished off portions of their houses long after construction, and then remodeled the house at various times. One is apt to find that some parts of the house remained unfinished for a time, and then were finished off in a style later than the original construction. For example, a house may have been built in 1770 and a few rooms left unfinished until 1805. The 1805 portion, done in the latest "style," will almost certainly be different from the earlier portions of the house, and thus will present an inconsistent appearance. Some parts of houses were never finished off: second-floor loft areas, or even front stairways to the un-

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FIGURE 1

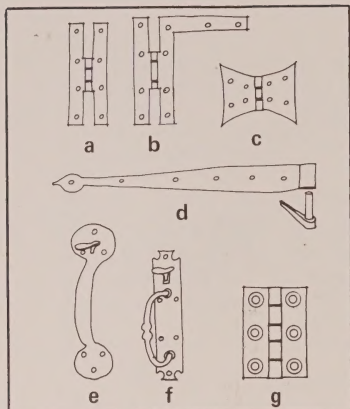


FIGURE 2

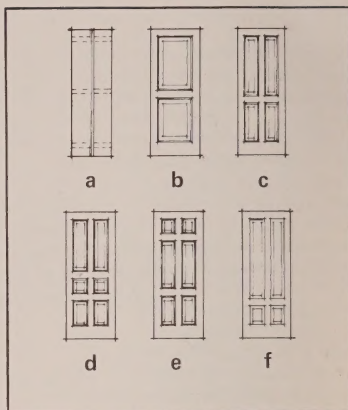
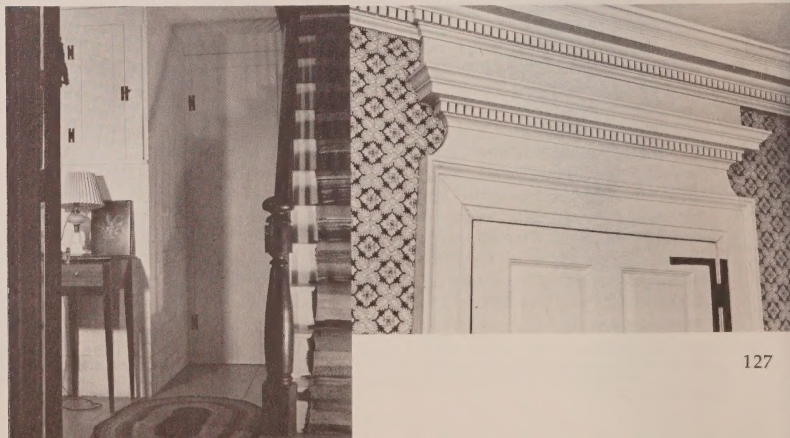


FIGURE 1: Door hardware can often help establish a date. The H hinge (a), HL hinge (b), butterfly hinge (c), and the strap hinge (d) were in use until about 1790 when the cast-iron butt hinge (g) was introduced. Wrought-iron thumb latches like the Suffolk (e) and more expensive Norfolk (f) were used extensively up to 1840. FIGURE 2: "First period" doors (a) and (b) were in use until about 1725, (b) usually in high-style houses from 1700 to 1725; variations of typical Georgian doors (c) and (d) were common from 1725 to 1790; the Federal six-panel door (e) was in vogue from about 1790 to 1830 when the four-panel Greek Revival door (f), exhibiting a wide molding (see Figure 3-d, next page), became popular.

The two photos below illustrate the wide differences between houses of the same period. On the left is shown the hall and stairway from a New Hampshire farmhouse built circa 1790 — note the H hinge and simple doors — while on the right is shown a detail of elaborate high-style interior finish from the Simon Forrester house in Salem, Massachusetts, designed and built in 1790 by Samuel McIntire.



finished portions of a one-story house, for example. Woe be to the new owner who decides to rip out the "later" portions of his house and discovers that there is no earlier evidence — because there never was any original finish!

Thirdly, we have to address the whole question of economic and social standing. When comparing the various details of the region's architecture, one finds that the house of a man of means often had details as well as furnishings that were not found in simpler dwellings. When we examine some details such as panel moldings, it seems that most houses built between 1725 and 1790 had an ordinary quarter-round molded into the edge of the stiles and rails of doors. Further, when we examine houses built *after* 1790, we find that a small fillet or fillets have been added; therefore, we conclude that this is a characteristic that one can use with authority. (Fig. 3-a, 3-b.) However, upon examination of some of the "best" houses, one finds that this is not true — these fancy houses did, in fact, have this characteristic as early as

1730. It appears that stylistic details not only followed population centers (i.e., there may be a delay of 10 to 40 years before some details reach the hinterlands from the cities and towns) and the remodeling whims of the homeowner, but also followed economic lines (i.e., a "best" house in the hinterlands could have the latest in style and furnishings). It becomes apparent that any generalizations become rather hazardous if they are made without qualifications. We now realize that it is possible to have two houses in an outlying town or district that displayed quite different stylistic details and yet could have been built in the same year: one for the average homeowner and one for the prosperous merchant.

The characteristics and details of interior finish can now be examined in an attempt to ascribe a date of installation, which, combined with the documentary and stylistic information, will help find the possible date of construction of a house.

(continued)

Door panel profiles can be useful. These examples of typical door panel cross-sections show the evolution of the profiles through the various styles — Georgian (a), Federal or high-style Georgian (b), Federal, flat panel (c), and Greek Revival (d).

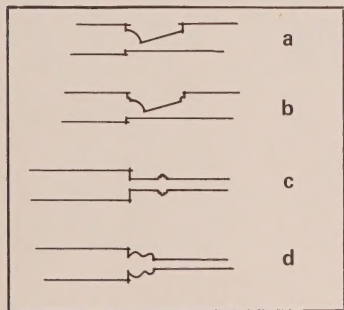


FIGURE 3

The type of lath found in early plaster can sometimes be a clue to the age of the wall: hand-riven lath (a) is found any time up to 1725, accordion lath (b) is found from about 1725 up to about 1825, and sawn lath (c) any time after 1825.

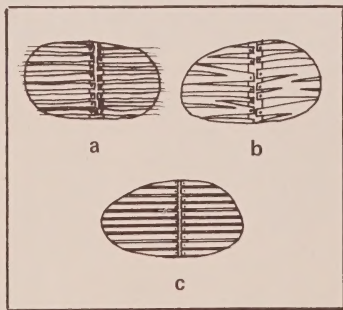


FIGURE 4

“The width of floor boards has more to do with economics than style in New England. Wide knotty boards were inexpensive to produce...”

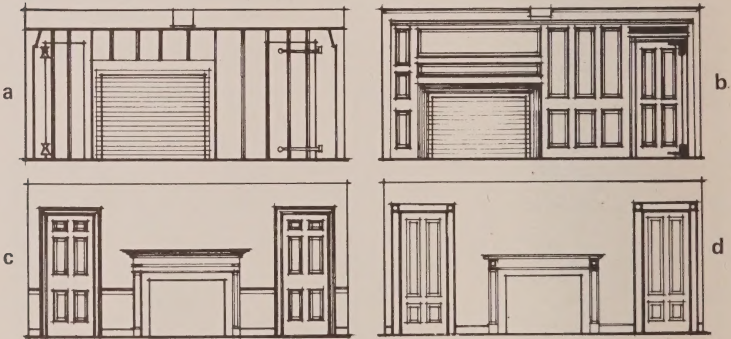


FIGURE 5

The photograph above shows a very primitive fireplace wall elevation from a farmhouse near Kittery, Maine. While the cast-iron butt hinges are not of the same period, the overall appearance is of a First Period elevation as shown in Figure 5 (a) above. Also drawn are typical elevations for Georgian 1725-1790 (b), Federal 1790-1830 (c), and Greek Revival 1820-1860 (d) period homes.

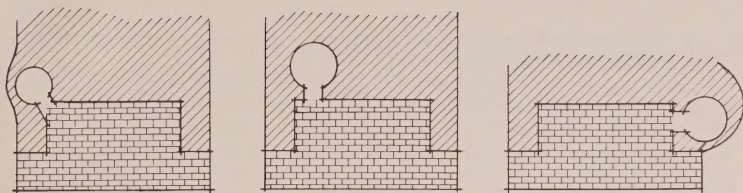


FIGURE 6

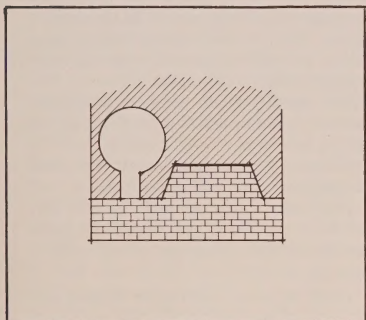


FIGURE 7

The drawings above show three ways in which the bake oven was commonly positioned in the kitchen fireplace prior to the mid-18th century, by which time the oven had moved out to one of the fireplace jambs, as shown in Figure 7, at left.

Below is a good example of a First Period fireplace elevation in a house near Duxbury, Massachusetts. Finding the bake oven at the rear of the fireplace dovetails with other evidence supporting the dating.



"Woe be to the owner who decides to rip out
'later' portions of his house and discovers there
is no earlier evidence — because there never was any original finish!"

INTERIOR FINISHES

Plaster and Lath

Plaster has been used in building throughout the world since the Egyptian era, if not before. Basically, plaster is composed of varying mixtures of lime, sand and water, with or without the addition of a fibrous binder such as animal hair or vegetable fiber. When used, this fiber served as a reinforcing web to hold the particles together to reduce the possibility of cracking and separating from the base. The components of plaster do not vary greatly, although one is apt to find local variations such as differences in sand particles and the use of burned pulverized marine shells as a substitute for mined lime. One- and two-coat hair plasters are very common even up until the 20th century, so the plaster itself is not a very reliable indicator of age. Appearance is not a reliable indicator either. The craftsman usually applied the plaster very carefully, and for this reason if we examine early work we find smooth surfaces common throughout all of America's history. Bumpy plaster is more likely the result of repeated patching and layers of paint that have fallen off unevenly in spots, rather than deliberate attempts on the part of the installer to create a rough finish.

The lath which is used as a plaster base is a better indicator of age, as it went through a more or less definite chronology. Until about the second quarter of the 18th century (about 1725) lath was generally made of wood riven, or split, on all four sides. After this time it is also quite common to see thin boards that have been sawn on two sides, split on the ends and then partially pulled apart in an accordion-like fashion; thus the term "accordion lath." One is apt also to see the same type sawn board split into individual laths. These practices continued until about 1825 or so, at which time individual strip lath, of constant thickness and width, manufactured

of boards sawn on all four sides, became popular because of innovations in sawmill technology. (Fig. 4.) Notice that these customs were common but not absolute, and one is able to see practically any style lath being used as an exception, at any time. In our century, expanded metal lath has almost entirely replaced wooden lath.

The nails that are used to attach the lath to the framing also give clues to the age, as lath nails follow the same rules as to dates as the wrought, cut or wire nails discussed in Part I of this article.

Therefore, knowing the type of lath and nails used to attach it, one can get a fair idea of the age of the plaster wall.

Hardware

Early hand-wrought door hinges can be seen in the form of H, HL, elaborate cock's head, butterfly and strap hinges. These were used through the interior of a house until about 1790, when cast-iron butt hinges were introduced and began to be popular. These early wrought hinges generally followed a pattern of H and HL hinges used on the better doors, butterfly hinges used on light-weight doors, and strap hinges on simpler exterior doors. These types were commonly used throughout the region, although there were a few wrought-iron butt hinges in use during the 1700s. The more reliable cast-iron butt hinge was patented in England in 1775, and became prevalent in the United States after about 1790. This cast-iron hinge continued in use until the introduction of the stamped steel hinge in the mid-19th century. (Fig. 1-a, b, c, d, g.)

Door Latches

Simple wrought-iron thumb latches were common and used extensively until about 1840, when cast-iron latches displaced most of this type. The more elaborate and expensive Norfolk latch was also used in the United States between 1800 and 1840, when it too was

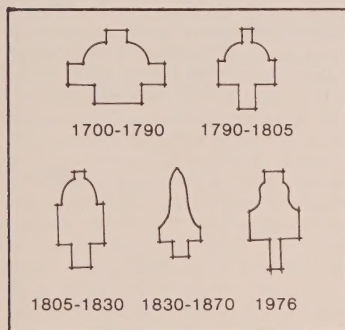
(continued on page 258)

replaced by cast-iron latches. The iron box lock was introduced in the mid-1700s, and thus one is apt to see any one of these three basic types in use up until 1840. In 1840 Blake patented the famous cast-iron latch, which continued in use right up through the 20th century. (Fig. 1-e, 1-f.)

EVOLUTION OF DOOR STYLES

The first period (to 1725) doors usually were of board and batten types. The more elaborate two-panel door was used in the better houses from about 1700-1725. The Georgian period (1725-1790) is characterized by either four-panel or six-panel in the approximate configuration shown. The Federal (1790-1830) six-panel door usually had small panels at the top. Some Federal period doors exhibited the introduction of the flat panel, as opposed to the feather-edge panel which predominated in the Georgian period. The Greek Revival period (1820-1860) saw the re-introduction of the four-panel door, except that the lower panels tended to be smaller, and the moldings were decidedly wider. (Fig. 2-a to 2-f.)

FIGURE 8



Above are cross-sections showing the progression of window muntin bars from a wide, flat profile prior to 1790, to the narrower, deeper profile of the mid-19th century. These can be compared to the profile of the muntin bar commonly available today.

EVOLUTION OF ROOM FINISH

First Period Room (to 1725)

Rooms of this type generally had the wood framing members such as summer beams, girts, posts and joists exposed to view, and the chimney wall typically had a large fireplace opening surrounded by beaded or molded board sheathing. Doors in all but high-style houses were usually board and batten and hinged with butterfly, strap or H hinges. (Fig. 5-a.)

Georgian Period Room (c.1725-1790)

The room of this period generally had the wood framing members covered over with casing boards. Paneling was used extensively, and the fireplace wall was characteristically composed of feather-edge paneling, with a smaller fireplace opening surrounded by a wide projecting bolection molding or architrave. Paneled doors were usually fastened with H or HL hinges. (Fig. 5-b.)

Federal Period Room (1790-1830)

The elaborately paneled fireplace wall of the Georgian period typically gave way to a still smaller fireplace with mantled trim, the use of much wall plaster, and doors fastened with butt hinges. (Fig. 5-c.)

Greek Revival Room (1820-1860)

The trend towards the greater use of plaster on the fireplace wall continued during this period. The profile of the moldings, trim and doors now took on a distinctly different tone, being characterized by complex free-flowing curves rather than the simpler quarter-rounds, arcs and straight lines of the Roman-influenced Georgian style. Notice the characteristic Greek Revival decorative detail at the intersection of the door trim. (Fig. 5-d.)

Window Muntin Bar Profiles

The general trend of muntin bar configuration was from a wide flat profile in the early 18th century to a narrow, deep profile by the mid-19th century. Prior to 1790, the muntin was characterized by a wide ($1\frac{1}{4}$ ") profile which narrowed to about $\frac{3}{4}$ " about 1790-1805. The bar then typically became deeper and changed configuration throughout the 19th century, as illustrated. Again, the high-style



Above: The Marret House in Standish, Maine, owned by the SPNEA offers a good example of a Georgian fireplace wall elevation: a small opening surrounded by a bolection molding and typical paneling details.

Left: The value of a measured floor plan is shown in this illustration. A confusing combination of eight first-floor rooms is greatly simplified by picking out the early portion of the house (dark outline). The same house is shown in a measured elevation below, with dotted lines showing what was probably the original house.

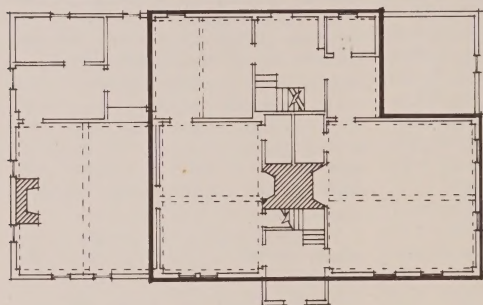


FIGURE 9

house, especially during the Federal Period, usually had profiles which were more elaborate but still within the general outlines of those illustrated. (Fig. 8.)

EVOLUTION OF KITCHEN FIREPLACE PLAN

The early fireplaces can generally be recognized since almost without exception they had their bake oven at the rear or side of the fireplace itself. Later, sometime before mid-18th century, the bake oven was moved out to the front, to one side of the main opening. This presumably reduced the danger to the housewife tending the chores, and in-

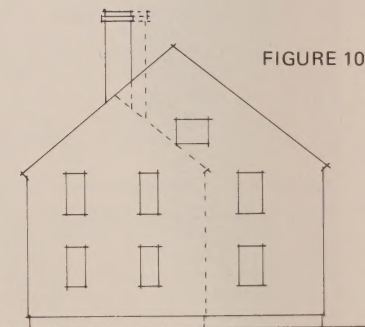


FIGURE 10

creased her life expectancy! Local customs played a part in this moving of the oven out to the side, so some localities may exhibit the bake oven placed at the rear up until the late 1700s. By 1790 it was almost without exception at the front. (Fig. 6, 7.)

The "modern" cast-iron stove was introduced in the colonies as early as the 1730s, but did not seem to be in general use before about 1820. The fireplace became more sophisticated, and in the late 18th and early 19th centuries included roasters and small ovens before they were made obsolete by inexpensive cast-iron stoves.

FLOORS

Perhaps the best clue to the dating of wooden floors will be found by a careful examination of the type of nail that is used to attach the board to the subfloor or joists. Rose-headed wrought nails were commonly used in the 17th and 18th centuries, although one is apt to find the head squashed and the nail driven in to reduce the tendency to split the board. Building practice followed the general trends of technology, and by 1810 one usually finds floors attached with cut nails.

The width of floor boards probably has more to do with economics than style in New England. Wide knotty boards were inexpensive to produce, while narrow, clear boards were obviously more expensive. We find wide boards used in the simpler dwellings and especially in the attic, but clear boards 6" to 10" in width are usually found in the better houses. By careful observation, one sometimes finds a pattern of narrow boards on the first floor (say 6" to 8"), wider boards on the second floor (8" to 12") and still wider, rough boards in the attic (10" to 16" or more).

There seems to be evidence of the use of many types of joints on the edge of boards, such as butt, lap or spline, which were all utilized interchangeably throughout the early and later periods. Research is scant, but these methods probably followed the economic pattern



Although not always good indicators of age, windows can sometimes give clues. Here is a typical First Period window photographed in the Buttolph-Williams House, 1692. This is the oldest restored dwelling in Wethersfield, Connecticut.

of the house owner; if he had extra money he could afford a more expensive lapped joint that prevented drafts from blowing up between the first-floor floorboards.

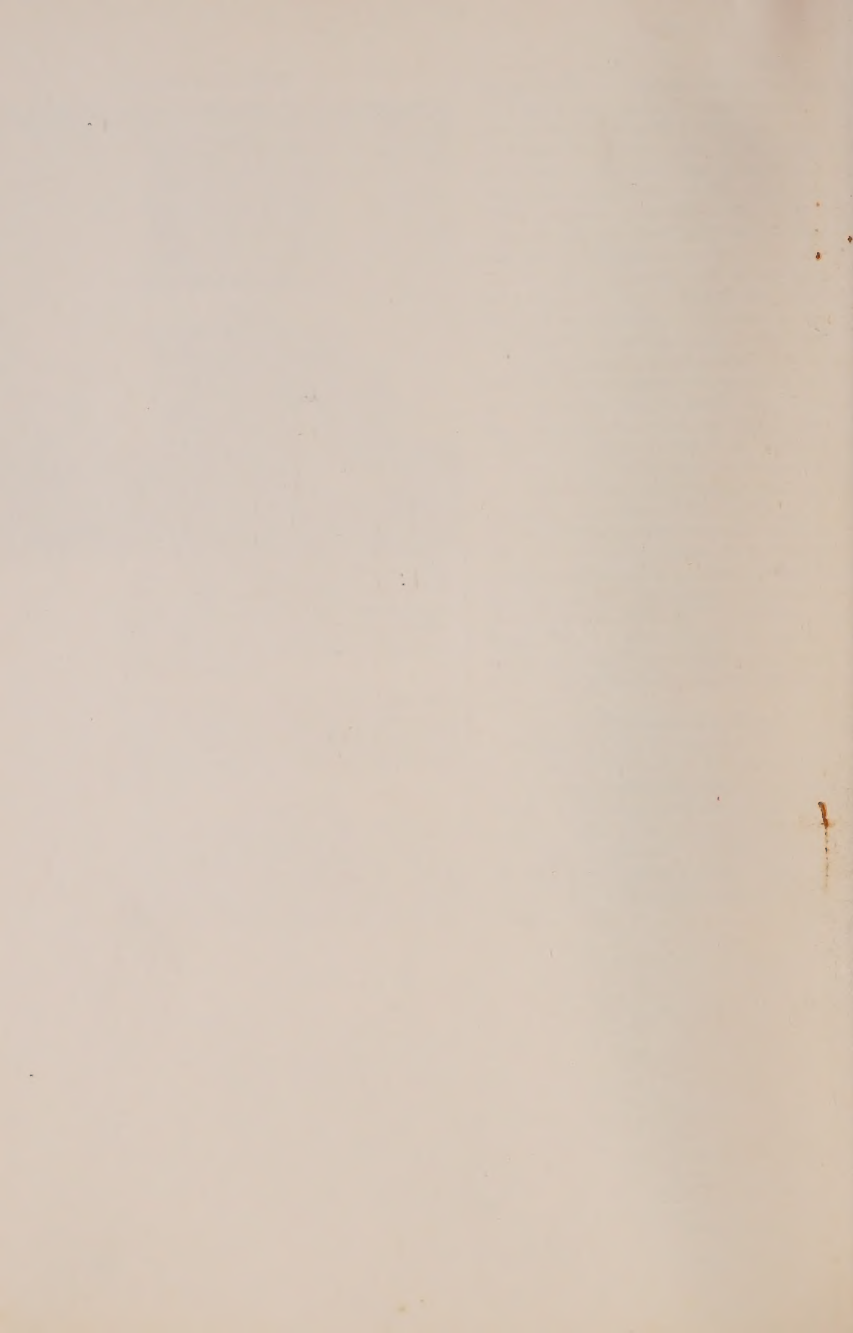
SUMMARY

This two-part article illustrates some of the dating details found in houses in New England and also points out the value of examining documents, deeds, wills, and stylistic appearance in assign-

ing a "date" to a house. While the date of original construction is fun to speculate on and exciting if all evidence neatly dovetails to a specific year, it is equally important to consider that most houses represent a continuum of life and living styles. It is rare, if not impossible, to find a house that was built in a certain year and never changed thereafter. The discovery and documentation of changes are just as exciting as finding the actual date of construction. Certainly it occupies one's efforts for quite a long time!

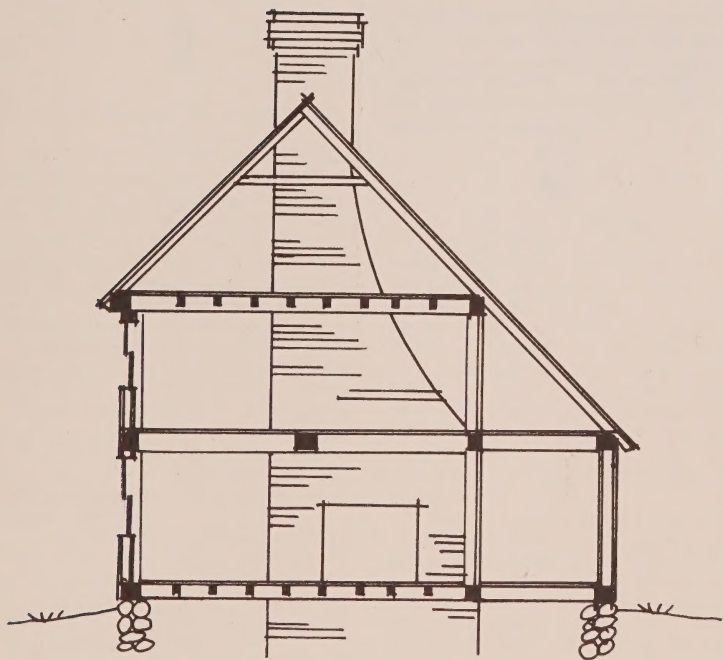
The importance of an objective viewpoint in examining an old house cannot be overemphasized. As can be seen from the illustrations, there are exceptions and anachronistic details to be found at every turn. If convinced of a certain date of construction beforehand, one can usually find a piece of fragmentary evidence somewhere that seems to indicate that year of construction, even though the preponderance of evidence points to another date. Italianate, Georgian, Greek Revival, Federal, 17th century, or Queen Anne — they are all valid expressions of American architecture and should be seen and enjoyed for what they are.

When one is examining a house, it is important to have a measured floor plan of all floors. One look at the plan can indicate areas to be examined further, and usually gives clues as to construction sequence. These plans, in conjunction with a careful examination of the house and associated documents, should make the construction information much clearer. (Fig. 9, 10.) ■ ■



the 8 most common mistakes in restoring historic houses (. . . and how to avoid them)

by Morgan W. Phillips



THE MOST COMMON MISTAKES IN RESTORING HISTORIC HOUSES (... AND HOW TO AVOID THEM)

by Morgan W. Phillips

As more and more people turn to restoring old houses, it is becoming apparent that certain serious mistakes are being made over and over again. This article outlines these most common mistakes and tells you, at least in general terms, how to avoid them.

1

DON'T DESTROY THE EVIDENCE: MAKE TRACKS.

Old buildings almost invariably consist of material from a number of periods. When a decision is made to remove some recent material and reproduce what had existed at some earlier time, the problem arises of how to find out exactly what the earlier material looked like. Very often a detailed answer can be found in evidence actually on the site. Telltale fragments of missing woodwork may have been reused as a part of later woodwork, or may have fallen into some crevice during the remodeling. A ridge in the paint layers, when illuminated with a light held at an angle, may give the profile of a key piece of woodwork which has been removed.

A common mistake is to proceed with restoration work before gathering all such evidence. The evidence is then lost — removed by carpenters, obliterated by sanding, or thrown away during the overambitious cleanup.

For the same reason that architectural evidence is valuable to use, we should leave a record of our work for the

future. New wood should be marked, and a thorough record kept, with text, photos, and drawings or sketches. Measured drawings of the building are the ideal place on which to note all the evidence discovered.

2

DON'T OVERRESTORE.

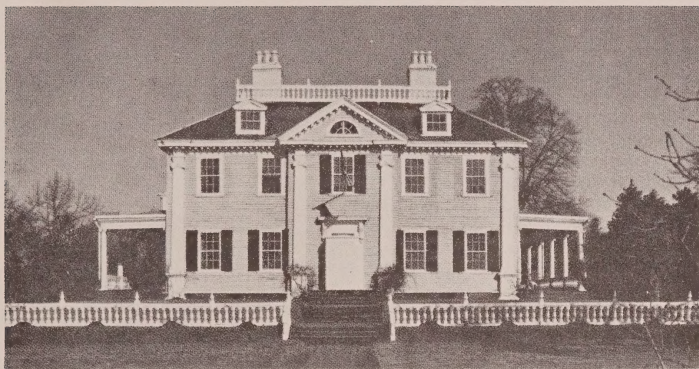
Overrestoration usually takes two forms. First, there is the replacement of old material just because it shows the signs of age and thus looks a little too rough to suit the tastes of a perfectionist. Old bumpy plaster is replaced with a perfect new job; old fireplace bricks showing some minor heat damage are replaced. A building thus restored loses the patina of age which made it appealing in the first place, and loses the actual materials which make it genuinely old.

A second form of overrestoration is to return the building to its original appearance by stripping away later additions of historical or architectural value. Virtually every old building is a collection of material of different dates. This is true not only of American houses but also of the famous ancient buildings of Europe and elsewhere. Sometimes the additions are of more interest than the



Right is a 17th-century house prior to restoration, while above is the same house after restoration. The windows and doorway in the lower photo date from the 18th and 19th centuries and constitute valuable picturesque additions.





The Longfellow House in Cambridge, Massachusetts, built in 1759. The porches were added in the 1790s and are an important addition. They should not be removed. "Virtually every old building is a collection of material of different dates."

original parts. A typical example of a valuable later addition is a fine Federal period mantel built in front of an earlier larger fireplace. All too often such fine work is destroyed to expose what remains of the original fireplace.

Clearly there is usually a lot of material of no value, which can be removed. But the decision about what goes and what stays should be made very carefully, on the basis of a study of the building, and after consultation with others who are familiar with American architectural history.

In general, the best policy is to retain later material: as a real part of the building's past it has more value than "fake" material put in now. If you don't have time to carry out a study of the building, then the safest policy is certainly to keep later features in place.



DON'T MAKE A BUILDING THAT NEVER WAS.

This is a very common mistake, and a subtle one. It most often happens in one of two ways.

First, it is quite common to see one part of a building restored to one date and another part to another date. As an example, suppose a house of 1810 was heavily remodeled in 1860 — roof raised, new front doorway, new window

sash. If today we tear out the 1860 sash and put in 1810-type sash, while retaining the other 1860 features, we have created an appearance which the building never had at any time. Usually this mistake occurs through lack of study of the building, or through the owner's selective dislike for some part of the later remodeling.

A second example of restoring to a condition which never existed is to restore a building to an appearance which is earlier in character than the building itself — and more primitive. Many old buildings were better-finished than we realize. For example, the best 18th-century floorboards were not 18" wide and knotty, but 6" to 10" wide, free of knots, and cut across the growth rings so as not to splinter or warp. The use of typically wide, poor-quality attic floorboards in the restoration of formal rooms is a classic mistake.

Probably the most common example of "earlying it up" is the removal of plaster from ceilings so as to expose bare beams, when these beams were never meant to be exposed. Only the earliest or most primitive houses had exposed beams: in most areas from the early 18th century onwards plaster, paneling, and moldings were considered beautiful — not beams.

In order to avoid making a building look earlier than it ever possibly could have, it is important to have in mind the actual date of the building. Quite often

one sees a fine formal house of, say, the Greek Revival period (c. 1825-1860) marked with a date of perhaps 1750, and sometimes "restored" accordingly. This is apt to happen when the owner has searched the deeds and discovered that a house was built on the site in 1750, but has failed to consider what might have happened to that house of 1750. Did it burn in 1790? Was it taken down or moved across the street? Or was the land divided in 1839 so that the 1750 house is really the one next door? The construction of the present house may not be recorded in any documents.

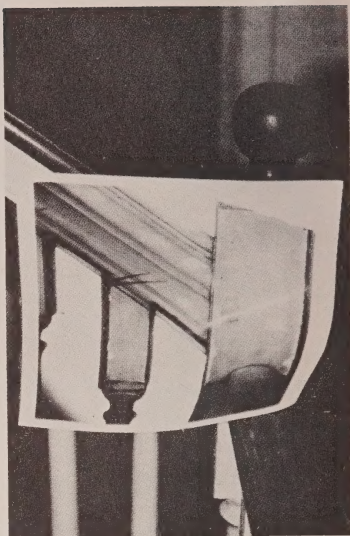
The importance of researching and analyzing a building as a guide for restoration and repair cannot be over-emphasized. Documents and the building itself must be studied together. If one trusts only the documents, one can make the kind of mistake just described. If one examines only the building, much information contained in deeds, wills, inventories, old maps, old drawings, and many other sources will never be found. Such information is invaluable in piecing together the whole story of the building and in making the decisions required during the restoration process.

4

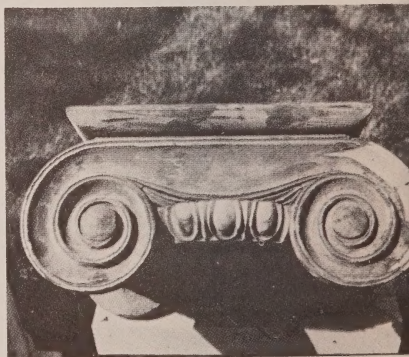
DON'T SCRAPE.

The most common procedure in reproducing old paint colors is to scrape clean a sample of the old paint and then match its color with new paint. In many cases the color thus achieved is incorrect, since the old sample has discolored with time. Many unstable pigments were used in early paints, and have faded. The oil in many old paints has yellowed, often after the paint was covered by later layers, since oil yellows fastest in the dark. Thus many old colors were brighter than we realize.

The analysis of old paints to determine their original colors is very difficult. Short of hiring a professional, the best that a homeowner can do is just to avoid unnecessary stripping of old paint, since this destroys the old samples and means that the research can never be done. And it's not good enough to strip a whole room and leave just one area as a sample: a future researcher will want to look all around the room with a



This x-ray of an 18th-century stair banister clearly shows the hand-wrought nails which are characteristic of the period.



Never overlook the value of modern products in the restoration process. New high-strength, waterproof glues make it possible to repair rotted sections of a valuable piece of woodwork, like this capital, by carefully piecing-in new wood.



Again, before (above) and after (next page) photos illustrate a common error in restoration. The right half of this 17th-century house, as you face the page, was added by the original owner in 1709. At that time the windows in the first part were changed to match the windows in the new part. Thus the finished product (next page) makes no sense, since the original house never looked like this at any time.

microscope to find one or two well-preserved samples. These are very apt to be little thick lumps of paint near hardware or in crevices, and there may be only a few good ones in a whole room.

Thus paint-stripping should be undertaken only when absolutely necessary, and as much of the old paint left on as possible. Since most old woodwork was painted from the start, the bare knotty-pine look is apt to be incorrect, anyway. An exception is some types of Victorian houses where interior woodwork was varnished.

Old wallpapers should be preserved when possible for the same reasons as old paints: they are evidence of changing taste in the building through the years. Many old papers date back as far as the late 18th century and have real value. If a paper has to be removed, you should keep samples at least large enough to show a full repeat of the pattern. Some wallpapers are important enough to deserve being kept intact on the wall at all costs.



DON'T SANDBLAST; AVOID DESTRUCTIVE REPOINTING.

The cleaning and repointing of old brickwork is seldom done properly.

Old brickwork is often sandblasted to remove paint. Unfortunately, in most

cases this also removes the hard skin of the bricks, exposing the much more porous and weaker interior, which often cannot stand up to the weather. Since the skin was formed in the brick kiln, it can never be reformed once it is removed. After being sandblasted, old bricks absorb much more rain water and, with freezing temperatures, often start to spall and crumble in a few years or even months.

Having removed the bricks' natural barrier to excessive water penetration, building owners are apt to be sold a silicone treatment to help keep water out. This treatment has something of a bad reputation: it is said that it can trap in water which has got into the bricks in any of a variety of ways, such as through small cracks in mortar joints, from normal interior humidity, or by rising through capillary action from damp soil beneath the building. If this should occur, such trapped water can cause doubly accelerated decay of old brickwork. Silicones are no substitute for the bricks' own skin.

Where old paint is to be removed, one question to ask is whether the paint should be removed at all. Many early brick buildings were originally painted, and the record of the original color is the old paint itself. Once this is removed, the story is lost.

If it is decided to remove the paint, a variety of chemical removers are avail-



able. If the right remover is chosen to suit the individual building, this method, although slow, is usually the least damaging to the bricks.

Repointing with Portland cement mortar is perhaps the most common and most damaging error in masonry restoration. Portland cement mortars are made with Portland cement, some lime, and with sand as a filler. If the proportion of cement versus lime is high, the mortar is extremely strong, thus being well-suited to the best modern bricks, which are also very strong. Together they produce the high-strength masonry needed for modern construction. But old bricks (and many kinds of stone) are much weaker and can be damaged by very strong, hard mortar used in repointing. A basic principle is that mortar should always be weaker than the bricks or stones which are bedded in it: thus the old lime mortars — made with only lime and sand — worked well with soft bricks and stones. A soft mortar can cushion various movements which occur in masonry: thermal expansion and contraction, expansion and contraction caused by humidity changes, foundation settlements, and so on. Small cracks of no importance may form in the mortar. But where the mortar is stronger than the bricks or stones, the latter give way before the mortar, by serious cracking or spalling.

The formulation of mortar for old buildings requires experience and judgment. Many old limes contained certain impurities which actually made them stronger than today's pure lime. When

using modern lime a relatively small amount of Portland cement is often needed to provide the same durability and strength that the old mortar had. The proportion of cement should be chosen on the basis of the strength of the bricks or stones, the severity of weathering action, and other factors.

New mortar should be color-matched to the old. This requires sand of the right color, and usually some masonry pigments. A great many buildings have been defaced by dark gray Portland cement mortar, when originally the mortar joints were the light warm white of lime. Some manufacturers offer a perfectly white Portland cement which is extremely useful in mixing new mortar to match the color of lime.

Perhaps the worst aspect of Portland cement mortar in old masonry is that its strength makes it almost impossible to remove without damaging soft bricks or stones. As for removing old mortar prior to repointing, few people realize the damage usually done even in removing a soft, deteriorated lime mortar. Electric-powered cutting wheels are often used, which almost always damage the corners of fine, closely laid old bricks, thus sometimes noticeably enlarging narrow mortar joints. Only hand tools should be used for removing old mortar, unless in a particular situation a contractor can show that some type of power tool is not damaging in any way.

Old mortar in good condition should not be disturbed. It is normal for old mortar to be weathered back a short way from the face of the bricks; this does not

mean that repointing is needed, since having eroded back a little the old mortar may be sheltered by the bricks and may not erode any further.

6

DON'T ASSUME IT CAN'T BE FIXED.

With the advent of all kinds of modern products it has become possible to recondition partly deteriorated woodwork, plasterwork, and other architectural material which, 20 years ago, would have had to be replaced. Thus an old building can retain more of its authentic material, and more of its value. Quite often one sees old features which could be saved being carted off to the dump.

This suggestion that modern products are useful in restoration should not be seen as a contradiction of the preceding part of this article where we pointed out that lime mortar (a traditional material) is generally better than Portland cement mortar (a more modern material) for repointing soft brickwork and stonework. Portland cement is extremely useful in restoration — for foundation work, for strengthening lime mortars moderately, and for many other purposes. The point is that both modern and traditional materials are useful, and that any material can be used incorrectly.

Some of the most remarkable progress in the conservation of old buildings is being made in the area of wood preservation by means of epoxies, polyesters, and other modern synthetic resins. Such resins are the basis of modern waterproof glues, and of many products sold in marine hardware stores for impregnating partially rotted wood or filling holes in wood.

The things that can be done with waterproof glue would have amazed an old-timer accustomed to animal glue, which is water-soluble. For example, a roof balustrade of 1806 can have new wood fitted into each baluster wherever the wood is rotted away — and there need be no fear of the patches coming loose because of rain or dampness. Such a balustrade would have had to be replaced completely prior to the introduction of waterproof glue. Waterproof glue opens the door for the exten-

sive repair of damaged woodwork by skillful piecing-in of new wood.

In the same way, modern resins allow old partly rotted wood to have permanent strength restored. In some methods, holes are drilled into the wood to expose the end grain, and the resin soaked into the wood through the holes. It then hardens. Not only are such wood-consolidating methods popular in the marine field, but similar methods are used in the conservation of antique wooden art objects. Resin-impregnation is sometimes the only way to conserve a valuable piece of woodwork in an old house: the capital of a column, the bottom of an original door.

Other modern materials can be used for consolidating weakened plaster, readhering peeling paint in wall paintings, and many other purposes. Steel is a modern architectural material which, because of its great strength, can be used to permit an old beam to be reinforced, rather than having to be replaced. Very small amounts of steel can form the backbone of an inconspicuous repair which must carry a heavy load.



GET THE DESIGN RIGHT.

Sometimes there is no alternative but to replace something — or a portion of something — which is missing or decayed beyond repair. A basic objective in such work should be to avoid making the new piece a poor parody of the original. Much restoration work stands out like a sore thumb.

The elements of old buildings usually exhibit very specific design characteristics. Although the designs are usually similar to material on other buildings of the same date, there are important regional differences and individual differences which must be respected.

Old moldings — which includes large items such as cornices — were usually designed according to a geometric system, which varied from one period to the next according to whether the designers of the period were looking toward Greece or Rome or the Gothic era for their architectural details. When an old molding must be reproduced, the paint should be removed from a well-

preserved section of the old piece, and the design observed and comprehended. Then, if the work of reproduction is given to a shop or mill, very specific instructions (a precise drawing, model, template, etc.) must be provided.



GET HELP: DON'T BARGE AHEAD.

How many times have we seen an owner, eager to "restore" a newly acquired house, rush in and tear out large portions of the interior and exterior surfaces, only to discover that the original finishes are long gone and cannot be accurately reconstructed. A professional is then brought in to make sense of a confused jumble of architectural remnants, and the owner sadly discovers, too late, that he has stripped and thrown away valuable portions of his house—the perfectly sensible and aesthetically pleasing Federal remodeling, for example.

All the points we have discussed should make it clear that a restoration or a repair going much beyond ordinary maintenance involves many technical and historical questions. Although elaborate research cannot be done on every old building, old buildings of any quality deserve the best study and care that their owners can give them. In the long run it pays off.

Two simple rules can be followed to improve the quality of repair work at little or no cost. The first is to seek professional advice. At the most basic level this means a visit by someone professionally qualified in the field, and it may save a lot of money from being spent on something which will be damaging or destructive. Even professional people in architectural history and restoration have to consult with each other constantly according to the specialties which each person has, and there is certainly no way to get the proper information just by reading the books or articles which are available. A tremendous amount of study and experience goes into the training of professional people in the field.

A second basic rule is to take the maximum time possible to make decisions. Getting the technical or architectural history information needed is always a slow process. More disconcerting is the fact that different people supposedly qualified in the field will give different opinions and answers. What do you do when the "experts" disagree? To begin with, by taking enough time to talk to different people, you can slowly sort out people who are more expert from people who are less so.

Even then, knowledgeable people may disagree about difficult problems. But usually if you take enough time to gather information and opinions you can learn enough about a problem to determine the best course of action. ■ ■

INCOME TAX
SCHEDULE B
SCHEDULE D

MASSACHUSETTS DEPARTMENT OF REVENUE

10% INTEREST AND DIVIDENDS
CAPITAL GAINS AND LOSSES☐ FORM 1 ☐ FORM 1-NR

1981

Name(s) as shown on Page 1 of return

Social Security Number

SCHEDULE B. PART I. 10% INTEREST AND DIVIDEND INCOME*

If you received any interest income other than interest from savings deposits in Massachusetts banks OR if you received more than \$400 in gross dividend income (which is reportable below in Items 2 and 3), complete Schedule B. Otherwise, enter your dividends of \$400 or less on Form 1, Page 1, Item 23. In all cases enter your 5% interest on savings in Massachusetts banks on Form 1, Page 2, Item 53.

1 Total interest income (from U.S. Form 1040, Sched. B, Part I, Lines 1b, plus 1d or 1040A, Part I, Lines 1b plus 1d)	1	
2 Total gross dividends (from U.S. 1040, Sched. B, Part II, Line 4; or if not over \$400 from U.S. return, Line 8b)	2	
3 Other* interest and dividends not included above (state sources and amounts)	3	
4 Total (add Items 1, 2, and 3)		
5 Capital gain distributions, 100%* (from U.S. 1040, Schedule B, Line 5) See Sched. D, Item 1 below	5	
6 Interest on U.S. obligations* included in Item 1 above	6	
7 Total interest on savings in Massachusetts banks (from Form 1, Page 2, Item 54)	7	
8 Interest and dividends taxed directly to Massachusetts trusts and estates included above, if any*	8	
9 Other interest and dividends to be excluded. SEE INSTRUCTIONS. ATTACH SCHEDULE	9	
10 Allowable deductions from your trade or business, if any* (from Mass. Schedule B, Part II, Item 6)	10	
11 Add Items 5 through 10		
12 Subtract Item 11 from Item 4		
13 Capital loss reduction (if any), \$1,000 maximum but not more than amount in Item 12 above. Use 1981 short-term loss first, then any 1981 long-term loss, and then oldest losses in order (from Massachusetts Schedule D, Item 12, Column c)	13	
14 Adjusted gross 10% interest and dividends (subtract Item 13 from Item 12). Enter here and on Form 1, Page 1, Item 23.		

FOR SCHEDULE B, PART II - See reverse side of SCHEDULE C

SCHEDULE D. CAPITAL GAINS AND LOSSES* (Attach Copies of U.S. Schedule D and Form 4797)

		a. Short-Term	b. Long-Term
1 Enter net gains or (losses) from U.S. Schedule D, Line 5 in Col. a and Line 16 in Col. b. If not filing U.S. Schedule D, report 100% of capital gain distributions in Column b	1		
2 Enter net gain or (loss) taxed directly to Mass. estates and trusts and included in Item 1, if any*	2		
3 Exclude* Item 2 from Item 1			
4 Differences, if any. SEE INSTRUCTIONS. ATTACH STATEMENT	4		
5 Massachusetts 1981 gain or (loss) (combine Item 4 with Item 3). If the total of Column a and b is a loss, omit Items 6-10, enter "0" on Form 1, Page 1, Item 24, and enter up to \$1,000 of such loss in Sch. B, Part I, Item 13 using any short-term loss first			
6 Prior years short and long-term unused losses for years beginning after 1975 being applied to 1981 gains (from Item 12)	6		
7 1981 adjusted gross short and long-term capital gains before 40% long-term deduction (combine Item 6 with Item 5)			
8 1981 adjusted gross combined capital gain before 40% long-term deduction (combine Item 7, Columns a and b amounts)			
9 If Item 8 shows a gain, enter 40% of Column b, Item 7 or 40% of Item 8, whichever is smaller. If there is a long-term capital loss or no entry in Column b of Item 7, enter "0"			
10 1981 Massachusetts adjusted gross capital gain (subtract Item 9 from Item 8). Enter gain here and on Form 1, Page 1, Item 24			
11 Use of available losses and record of unused losses*:			

Year	a. Available Loss Current Year and Unused Prior Years		Used This Year Against				Unused Available Loss		e. For
			b. Gains		c. Interest Dividends		d. Amount		
	Short-Term	Long-Term	Short-Term	Long-Term	Short-Term	Long-Term	Short-Term	Long-Term	
1981									1982-86
1976									
1977									1982
1978									1982-83
1979									1982-84
1980									1982-85
12 Totals									

Report net ordinary gain or (loss) shown on U.S. Form 1040, Page 1, Line 14 only as Other 5% income or (loss) on Form 1, Page 1, Item 16. Losses claimed as itemized deductions on Schedule A of U.S. Form 1040 are not allowable.

The Massachusetts long-term capital gain deduction is 60% for taxable years commencing during 1982 and thereafter.

*See Instructions.

INCOME TAX

MASSACHUSETTS DEPARTMENT OF REVENUE

☐ FORM 1
 ☐ FORM 1-NR
 ☐ FORM 2

SCHEDULE E

RENT, ROYALTY, PARTNERSHIP, TRUST, ETC., 5% INCOME

SCHEDULE F

COMPUTATION OF CREDIT FOR INCOME TAXES DUE TO OTHER JURISDICTIONS

SCHEDULE RD

COMPUTATION OF LIMITED RENT DEDUCTION FOR PRINCIPAL MASS. RESIDENCE

1981

Name(s) as shown on Page 1 of return

Social Security Number

SCHEDULE E. RENT, ROYALTY, PARTNERSHIP, TRUST, ETC., 5% INCOME

PART I. RENT AND ROYALTY INCOME. Attach copy of U.S. Schedule E. Enter total rent and royalty income or (loss) from Line 25 of U.S. Schedule E in Item 15 of Form 1. If the U.S. amount does not apply, e.g., because of depreciation or trust provision differences, part-year resident status, or qualifying energy patent royalties, explain and compute your correct amount below.

1 Total rent and royalty or (loss) from U.S. Schedule E, Line 25	1	
2 Massachusetts difference, explain:	2	
3 Rent and royalty income for Massachusetts (combine Item 2 with Item 1). Enter here and on Form 1, Page 1, Item 15.		

PART II. 5% INCOME OR LOSSES FROM PARTNERSHIPS, GRANTOR-TYPE TRUSTS AND NON-MASSACHUSETTS ESTATES AND TRUSTS* Attach Copy of U.S. Schedule E. Adjust amounts from your U.S. return for Items 1 and 6 to the provisions of the 11/6/78 U.S. Internal Revenue Code.

1 Total partnership income or (loss) (U.S. Schedule E, Part II, Line 29 adjusted to 11/6/78 Code provisions)	1	
2 10% interest and nonqualifying dividends included in Item 1 (for Mass. Schedule B, Item 3)	2	
3 Savings deposit interest from Massachusetts banks included in Item 1 (for Form 1, Item 53)	3	
4 Add Items 2 and 3		
5 Income or (loss) from partnerships (subtract Item 4 from Item 1)		
6 Total estate and trust income or (loss) (U.S. Schedule E, Part II, Line 31 adjusted to 11/6/78 Code)	6	
7 Estate or non-grantor-type trust income taxed on Massachusetts Form 2 if included in Item 6	7	
8 Grantor-type trust and non-Mass. estates and trust income (subtract Item 7 from Item 6)		
9 10% interest and nonqualifying dividends in Item 8 (for Mass. Schedule B, Item 3)	9	
10 Savings deposit interest from Massachusetts banks in Item 8 (for Form 1, Item 53)	10	
11 Add Items 9 and 10		
12 Income or (loss) from grantor-type trusts and non-Mass. estates and trusts (subtract Item 11 from Item 8)		
13 Income or (loss) from partnerships, grantor-type trusts and non-Mass. estates and trusts.		
Add Item 5 and Item 12. Enter here and on Form 1, Item 13		

SCHEDULE F. COMPUTATION OF CREDIT FOR INCOME TAXES DUE TO OTHER JURISDICTIONS*
(FOR MASSACHUSETTS RESIDENTS ONLY)

1 Portion of gross 5% income (from Form 1, Page 1, Item 17) taxed by other jurisdiction(s)	1	
2 Total of such income (from Form 1, Page 1, Item 17 plus Page 2, Part III, Item 55 or 54 whichever is smaller)		
3 Percentage of total taxed to other jurisdiction(s) (divide Item 1 by Item 2)		
4 Massachusetts tax on 5% income* (from Form 1, Page 1, Item 22 Less Item 33a Energy Credit, if any)		
5 Multiply Item 3 by Item 4		
6 Income tax due on such income to other jurisdiction(s) as shown on attached copies of return(s)*	6	
7 Credit allowable. Enter Item 5 or 6, whichever is smaller, here and on Form 1, Page 1, Item 33		

SCHEDULE RD. COMPUTATION OF DEDUCTION FOR ONE-HALF OF RENT PAID FOR PRINCIPAL RESIDENCE ONLY IN MASSACHUSETTS.* Enter in Column d the total of all separately stated charges for furnishings, utilities, parking, etc.

1 Enter information for place(s) rented as your principal Massachusetts residence.*

a. Address(es)	b. Landlord(s) Name(s) & Address(es)	c. Total Paid By You	d. Total of Separately Stated Charges	e. Qualifying Rent Col. c. minus Col. d.
(1)				
(2)				
(3)				

2 Total qualifying payments for rent during 1981 (add Column e amounts)	
3 Allowable deduction for one-half of rent paid (divide Item 2 by two). Enter here and on Form 1, Page 2, Part I, Item 41b.	

4 Enter the date(s) that you rented each principal residence.

(1) From _____ To _____ (2) From _____ To _____ (3) From _____ To _____

Item 3 of Schedule B, Part I. Other interest and dividends. Enter the interest taxed at 10% or dividends received from any:
a. Obligation of other States and their political subdivisions (including your share, if any, of a partnership and a grantor-type trust or non-Massachusetts trust);

b. Subchapter S corporation that were made from its undistributed income upon which the U.S. income tax was paid previously;

c. Partnership, grantor-type trust, or non-Massachusetts trust or estate that are non-qualifying dividends or 10% interest that you are reporting in U.S. Schedule E, Part II;

d. Trade or business that is included in U.S. Schedule C as part of your gross receipts/sales or other income; and,

e. Mutual fund, if such distributions are not included in Items 1 or 2. See Item 9 for Massachusetts "exempt-interest dividends".

Items 5 through 9 refer to kinds of income that are subtracted from total interest and dividends only if they are included in the Item 1 and 2 amounts entered on the Massachusetts Schedule B.

Item 5 of Schedule B, Part I. Capital gain distributions. These are taxed as capital gains by Massachusetts also, and the total is included in Item 1 of Massachusetts Schedule D.

Item 6 of Schedule B, Part I. Interest on obligations of the United States. Enter interest received on U.S. savings bonds or other obligations of the United States or its territories or dependencies that is included in Item 1, and which is not taxed by Massachusetts.

Item 7 of Schedule B, Part I. Interest on savings in Massachusetts banks. See the instructions for Item 14 and Page 2, Part III. Enter in this item the amount of interest taxed at 5% from Item 54 only if it has been included in Item 1 or 3 of Schedule B.

Item 8 of Schedule B, Part I. Interest and dividends taxed directly to Massachusetts trusts and estates. Not applicable to grantor-type trusts. Enter in Item 8 only interest and dividends that are taxed directly to the fiduciary of a Massachusetts trust or estate on a Form 2 if such amounts are included in Items 1 and 2 of Massachusetts Schedule B. Do not enter interest and dividends from any grantor-type trust or from a trust or estate that is not subject to taxation in Massachusetts.

Item 9 of Schedule B, Part I. Other interest and dividends to be excluded. Enter the amount of any distribution that is a return of capital and included in Item 2. Also if your Item 4 total includes "exempt-interest dividends" from a mutual fund, enter in Item 9 the portion from obligations of Massachusetts or its political subdivisions. In addition if you received dividends from current earnings of a corporate trust (formerly called a trust, association or partnership which has transferable shares) and if such entity is taxed directly on a Massachusetts Form 3F, enter such dividends in Item 9. However, you may not subtract certain dividends and interest that appear similar to those described above. Therefore do NOT enter in Item 9 any of the following:

a. Dividends from the earnings and profits accumulated prior to January 1, 1971 by any corporate trust and which was not taxed directly by Massachusetts in prior years, even though such entity is taxed directly now (note: obtain from the entity the taxable status of dividends paid to you); or,

b. Dividends from any corporate trust which is not taxed directly by Massachusetts. Such entities are: those not doing business in Massachusetts; or one which is a regulated investment company or a real estate investment trust (both as defined under the U.S. Internal Revenue Code, Sections 851 and 856); or one which is a holding company (as defined in Mass. General Laws, Chapter 62, Section 8); or one which derives less than 10% of its income from its business, activities or transactions in Massachusetts.

Item 10 of Schedule B, Part I and Items 1 through 5 of Schedule B, Part II. Excess trade or business deductions. This deduction is available only to a taxpayer who has 10% gross income which is effectively connected with the active conduct of his trade or business. Such a taxpayer must file Massachusetts Schedule C, which is designed to segregate the 10% income to be reported in Item 3 of Schedule B, Part I. The trade or business deductions must be claimed against all of the taxpayer's 5% gross income first. Then any excess of the trade or business deductions may be claimed only against the 10% interest income reported in Massachusetts Schedule C, Item 33 and in Schedule B, Part I, Item 3. Such excess is not a deduction from any other of the taxpayer's 10% interest or dividends. Schedule B, Part II, which is on the

reverse of Massachusetts Schedule C, must be completed to determine the allowable excess to enter in Schedule B, Part I, Item 10.

If you were a member of a partnership and qualify for this deduction, write the word "Partnership" above Item 1 of Schedule B, Part II and enter the applicable amounts in Schedule B, Part I, Item 3 and in Part II, Items 1 and 2.

If you have any excess deductions from your trade or business that were unused against all income taxable at 5% and unused against 10% interest from your trade or business and if you have identifiable capital gain from your trade or business, subtract such unused excess deduction amount up to the amount of such gain from your trade or business from your 1981 Massachusetts capital gain as shown in Massachusetts Schedule D, Item 5. Attach a schedule substantiating such claim.

Item 13 of Schedule B, Part I. Capital loss reduction of interest and dividends, \$1,000 maximum. This provision is not related to any line on your U.S. Form 1040. It applies if you had a 1981 loss or available unused losses for any of the five prior years from the sale or exchange of capital assets. Up to \$1,000 of such losses may be used to reduce interest and dividends taxable at the 10% rate but not more than the amount reported in Schedule B, Part I, Item 12.

A capital loss for the current year (Schedule D, Item 5, total of Columns a and b) must be used first. If the current year total capital loss is composed of short-term and long-term losses, the short-term loss must be used before the current year long-term loss. Then the available unused capital losses from each of the five prior years are applied, using the oldest loss first, to any current year capital gain. Then the remaining portion is used against interest and dividends. Determine and record the use of losses in Massachusetts Schedule D, Items 11 and 12.

CAPITAL GAINS AND LOSSES, MASSACHUSETTS SCHEDULE D. ATTACH COPIES OF U.S. SCHEDULE D AND U.S. FORM 4797

Item 24 of Form 1 and Massachusetts Schedule D. Capital gains and losses. A gain or loss from the sales or exchanges of capital assets or from other transactions deemed to be such sales or exchanges or that are granted gains treatment under the provisions of the U.S. Internal Revenue Code is a capital gain or loss for Massachusetts. Enter such income in Item 1 of Massachusetts Schedule D from the specified lines of your U.S. return. Include gains from all property located outside Massachusetts.

The Massachusetts law has changed, under Chapter 409 of the Acts of 1979, to allow the phasing in of a long-term capital gain deduction. For taxable years commencing during 1981, such deduction is 40%; and, 60% thereafter. Massachusetts Schedule D has been revised accordingly with short and long-term gains segregated.

NOTE: The Massachusetts adjusted basis is the same as the federal adjusted basis WITH NO MODIFICATIONS OR ADJUSTMENTS for determining Massachusetts gain or loss for property held on December 31, 1979 and sold or exchanged thereafter. The former provisions that allowed certain adjustments, under G.L. Chapter 62, Section 7, were repealed with the establishment of the phasing in of the long-term capital gain deduction. The basis for all property acquired after December 31, 1979, including property acquired after December 31, 1980, must be determined under the provisions of the U.S. Internal Revenue Code as amended on November 6, 1978. Any changes to basis resulting from the U.S. Economic Recovery Tax Act of 1981 do not apply.

However, some other significant differences between the U.S. and Massachusetts capital gains provisions exist. The Massachusetts loss carryover is limited to five future years (see Schedule D, Item 11). Massachusetts allows a limited loss carryover of up to \$1,000 to be subtracted from 10% interest and dividend income (see Schedule D, Item 5 and Schedule B, Item 13). A capital loss cannot be used to reduce income taxed at 5%. A capital loss cannot be used to reduce any other income in determining total income for the sales tax credit and no tax status provisions. Ordinary gains are subject to the 5% rate of taxation; see Form 1, Item 16 instructions.

INCOME TAX

MASSACHUSETTS DEPARTMENT OF REVENUE

☐ FORM 1☐ FORM 1-NR☐ FORM 2

SCHEDULE E

RENT, ROYALTY, PARTNERSHIP, TRUST, ETC., 5% INCOME

SCHEDULE F

COMPUTATION OF CREDIT FOR INCOME TAXES DUE TO OTHER JURISDICTIONS

SCHEDULE RD

COMPUTATION OF LIMITED RENT DEDUCTION FOR PRINCIPAL MASS. RESIDENCE

1981

Name(s) as shown on Page 1 of return

Social Security Number

SCHEDULE E. RENT, ROYALTY, PARTNERSHIP, TRUST, ETC., 5% INCOME

PART I. RENT AND ROYALTY INCOME. Attach copy of U.S. Schedule E. Enter total rent and royalty income or (loss) from Line 25 of U.S.

Schedule E in Item 15 of Form 1. If the U.S. amount does not apply, e.g., because of depreciation or trust provision differences, part-year resident status, or qualifying energy patent royalties, explain and compute your correct amount below.

1 Total rent and royalty or (loss) from U.S. Schedule E, Line 25 1

2 Massachusetts difference, explain: 2

3 Rent and royalty income for Massachusetts (combine Item 2 with Item 1). Enter here and on Form 1, Page 1, Item 15.

PART II. 5% INCOME OR LOSSES FROM PARTNERSHIPS, GRANTOR-TYPE TRUSTS AND NON-MASSACHUSETTS

ESTATES AND TRUSTS* Attach Copy of U.S. Schedule E. Adjust amounts from your U.S. return for Items 1 and 6 to the provisions of the 11/6/78 U.S. Internal Revenue Code.

1 Total partnership income or (loss) (U.S. Schedule E, Part II, Line 29 adjusted to 11/6/78 Code provisions) 1

2 10% interest and nonqualifying dividends included in Item 1 (for Mass. Schedule B, Item 3) 2

3 Savings deposit interest from Massachusetts banks included in Item 1 (for Form 1, Item 53) 3

4 Add Items 2 and 3

5 Income or (loss) from partnerships (subtract Item 4 from Item 1)

6 Total estate and trust income or (loss) (U.S. Schedule E, Part II, Line 31 adjusted to 11/6/78 Code) 6

7 Estate or non-grantor-type trust income taxed on Massachusetts Form 2 if included in Item 6 7

8 Grantor-type trust and non-Mass. estates and trust income (subtract Item 7 from Item 6)

9 10% interest and nonqualifying dividends in Item 8 (for Mass. Schedule B, Item 3) 9

10 Savings deposit interest from Massachusetts banks in Item 8 (for Form 1, Item 53) 10

11 Add Items 9 and 10

12 Income or (loss) from grantor-type trusts and non-Mass. estates and trusts (subtract Item 11 from Item 8)

13 Income or (loss) from partnerships, grantor-type trusts and non-Mass. estates and trusts.

Add Item 5 and Item 12. Enter here and on Form 1, Item 13

SCHEDULE F. COMPUTATION OF CREDIT FOR INCOME TAXES DUE TO OTHER JURISDICTIONS*

(FOR MASSACHUSETTS RESIDENTS ONLY)

1 Portion of gross 5% income (from Form 1, Page 1, Item 17) taxed by other jurisdiction(s) 1

2 Total of such income (from Form 1, Page 1, Item 17 plus Page 2, Part III, Item 55 or 54 whichever is smaller)

3 Percentage of total taxed to other jurisdiction(s) (divide Item 1 by Item 2)

4 Massachusetts tax on 5% income* (from Form 1, Page 1, Item 22 Less Item 33a Energy Credit, if any)

5 Multiply Item 3 by Item 4

6 Income tax due on such income to other jurisdiction(s) as shown on attached copies of return(s)* 6

7 Credit allowable. Enter Item 5 or 6, whichever is smaller, here and on Form 1, Page 1, Item 33

SCHEDULE RD. COMPUTATION OF DEDUCTION FOR ONE-HALF OF RENT PAID FOR PRINCIPAL RESIDENCE ONLY

IN MASSACHUSETTS.* Enter in Column d the total of all separately stated charges for furnishings, utilities, parking, etc.

1 Enter information for place(s) rented as your principal Massachusetts residence.*

a. Address(es)	b. Landlord(s) Name(s) & Address(es)	c. Total Paid By You	d. Total of Separately Stated Charges	e. Qualifying Rent Col. c. minus Col. d.
(1)				
(2)				
(3)				

2 Total qualifying payments for rent during 1981 (add Column e amounts)

3 Allowable deduction for one-half of rent paid (divide Item 2 by two).

Enter here and on Form 1, Page 2, Part I, Item 41b.

4 Enter the date(s) that you rented each principal residence.

(1) From _____ (2) From _____ (3) From _____
 To _____ To _____ To _____

Item 3 of Schedule B, Part I. Other interest and dividends. Enter the interest taxed at 10% or dividends received from any:

a. Obligation of other States and their political subdivisions (including your share, if any, of a partnership and a grantor-type trust or non-Massachusetts trust);

b. Subchapter S corporation that were made from its undistributed income upon which the U.S. income tax was paid previously;

c. Partnership, grantor-type trust, or non-Massachusetts trust or estate that are non-qualifying dividends or 10% interest that you are reporting in U.S. Schedule E, Part II;

d. Trade or business that is included in U.S. Schedule C as part of your gross receipts/sales or other income; and,

e. Mutual fund, if such distributions are not included in Items 1 or 2. See Item 9 for Massachusetts "exempt-interest dividends".

Items 5 through 9 refer to kinds of income that are subtracted from total interest and dividends only if they are included in the Item 1 and 2 amounts entered on the Massachusetts Schedule B.

Item 5 of Schedule B, Part I. Capital gain distributions. These are taxed as capital gains by Massachusetts also, and the total is included in Item 1 of Massachusetts Schedule D.

Item 6 of Schedule B, Part I. Interest on obligations of the United States. Enter interest received on U.S. savings bonds or other obligations of the United States or its territories or dependencies that is included in Item 1, and which is not taxed by Massachusetts.

Item 7 of Schedule B, Part I. Interest on savings in Massachusetts banks. See the instructions for Item 14 and Page 2, Part III. Enter in this item the amount of interest taxed at 5% from Item 54 only if it has been included in Item 1 or 3 of Schedule B.

Item 8 of Schedule B, Part I. Interest and dividends taxed directly to Massachusetts trusts and estates. Not applicable to grantor-type trusts. Enter in Item 8 only interest and dividends that are taxed directly to the fiduciary of a Massachusetts trust or estate on a Form 2 if such amounts are included in Items 1 and 2 of Massachusetts Schedule B. Do not enter interest and dividends from any grantor-type trust or from a trust or estate that is not subject to taxation in Massachusetts.

Item 9 of Schedule B, Part I. Other interest and dividends to be excluded. Enter the amount of any distribution that is a return of capital and included in Item 2. Also if your Item 4 total includes "exempt-interest dividends" from a mutual fund, enter in Item 9 the portion from obligations of Massachusetts or its political subdivisions. In addition if you received dividends from current earnings of a corporate trust (formerly called a trust, association or partnership which has transferable shares) and if such entity is taxed directly on a Massachusetts Form 3F, enter such dividends in Item 9. However, you may not subtract certain dividends and interest that appear similar to those described above. Therefore do NOT enter in Item 9 any of the following:

a. Dividends from the earnings and profits accumulated prior to January 1, 1971 by any corporate trust and which was not taxed directly by Massachusetts in prior years, even though such entity is taxed directly now (note: obtain from the entity the taxable status of dividends paid to you); or,

b. Dividends from any corporate trust which is not taxed directly by Massachusetts. Such entities are: those not doing business in Massachusetts; or one which is a regulated investment company or a real estate investment trust (both as defined under the U.S. Internal Revenue Code, Sections 851 and 856); or one which is a holding company (as defined in Mass. General Laws, Chapter 62, Section 8); or one which derives less than 10% of its income from its business, activities or transactions in Massachusetts.

Item 10 of Schedule B, Part I and Items 1 through 5 of Schedule B, Part II. Excess trade or business deductions. This deduction is available only to a taxpayer who has 10% gross income which is effectively connected with the active conduct of his trade or business. Such a taxpayer must file Massachusetts Schedule C, which is designed to segregate the 10% income to be reported in Item 3 of Schedule B, Part I. The trade or business deductions must be claimed against all of the taxpayer's 5% gross income first. Then any excess of the trade or business deductions may be claimed only against the 10% interest income reported in Massachusetts Schedule C, Item 33 and in Schedule B, Part I, Item 3. Such excess is not a deduction from any other of the taxpayer's 10% interest or dividends. Schedule B, Part II, which is on the

reverse of Massachusetts Schedule C, must be completed to determine the allowable excess to enter in Schedule B, Part I, Item 10.

If you were a member of a partnership and qualify for this deduction, write the word "Partnership" above Item 1 of Schedule B, Part II and enter the applicable amounts in Schedule B, Part I, Item 3 and in Part II, Items 1 and 2.

If you have any excess deductions from your trade or business that were unused against all income taxable at 5% and unused against 10% interest from your trade or business and if you have identifiable capital gain from your trade or business, subtract such unused excess deduction amount up to the amount of such gain from your trade or business from your 1981 Massachusetts capital gain as shown in Massachusetts Schedule D, Item 5. Attach a schedule substantiating such claim.

Item 13 of Schedule B, Part I. Capital loss reduction of interest and dividends, \$1,000 maximum. This provision is not related to any line on your U.S. Form 1040. It applies if you had a 1981 loss or available unused losses for any of the five prior years from the sale or exchange of capital assets. Up to \$1,000 of such losses may be used to reduce interest and dividends taxable at the 10% rate but not more than the amount reported in Schedule B, Part I, Item 12.

A capital loss for the current year (Schedule D, Item 5, total of Columns a and b) must be used first. If the current year total capital loss is composed of short-term and long-term losses, the short-term loss must be used before the current year long-term loss. Then the available unused capital losses from each of the five prior years are applied, using the oldest loss first, to any current year capital gain. Then the remaining portion is used against interest and dividends. Determine and record the use of losses in Massachusetts Schedule D, Items 11 and 12.

CAPITAL GAINS AND LOSSES, MASSACHUSETTS SCHEDULE D. ATTACH COPIES OF U.S. SCHEDULE D AND U.S. FORM 4797

Item 24 of Form 1 and Massachusetts Schedule D. Capital gains and losses. A gain or loss from the sales or exchanges of capital assets or from other transactions deemed to be such sales or exchanges or that are granted gains treatment under the provisions of the U.S. Internal Revenue Code is a capital gain or loss for Massachusetts. Enter such income in Item 1 of Massachusetts Schedule D from the specified lines of your U.S. return. Include gains from all property located outside Massachusetts.

The Massachusetts law has changed, under Chapter 409 of the Acts of 1979, to allow the phasing in of a long-term capital gain deduction. For taxable years commencing during 1981, such deduction is 40%; and, 60% thereafter. Massachusetts Schedule D has been revised accordingly with short and long-term gains segregated.

NOTE: The Massachusetts adjusted basis is the same as the federal adjusted basis **WITH NO MODIFICATIONS OR ADJUSTMENTS** for determining Massachusetts gain or loss for property held on December 31, 1979 and sold or exchanged thereafter. The former provisions that allowed certain adjustments, under G.L. Chapter 62, Section 7, were repealed with the establishment of the phasing in of the long-term capital gain deduction. The basis for all property acquired after December 31, 1979, including property acquired after December 31, 1980, must be determined under the provisions of the U.S. Internal Revenue Code as amended on November 6, 1978. Any changes to basis resulting from the U.S. Economic Recovery Tax Act of 1981 do not apply.

However, some other significant differences between the U.S. and Massachusetts capital gains provisions exist. The Massachusetts loss carryover is limited to five future years (see Schedule D, Item 11). Massachusetts allows a limited loss carryover of up to \$1,000 to be subtracted from 10% interest and dividend income (see Schedule D, Item 5 and Schedule B, Item 13). A capital loss cannot be used to reduce income taxed at 5%. A capital loss cannot be used to reduce any other income in determining total income for the sales tax credit and no tax status provisions. Ordinary gains are subject to the 5% rate of taxation; see Form 1, Item 16 instructions.

Net ordinary losses that are itemized deductions on U.S. Schedule A are not allowable. If a sale was treated as an installment sale for U.S. income tax purposes, approval by the Commissioner is required prior to the due date for filing the return and appropriate security must be posted in order to report such income to Massachusetts under the installment method. Obtain procedures from the Assessing Bureau. A statement must be attached to each return.

Item 2 of Schedule D. Net gain or (loss) taxed directly to Massachusetts trusts and estates. Not applicable to grantor-type trusts. If you are a beneficiary, enter in Item 2 only gains or (losses) that are taxed directly to the fiduciary of a Massachusetts trust or estate on a Form 2 if such amounts are included in Item 1 of Massachusetts Schedule D. Do not enter gains or (losses) from any grantor-type trust or from a trust or estate that is not subject to taxation in Massachusetts.

Item 3 of Schedule D. The following brief examples indicate the arithmetic involved in subtracting your Item 2 amount from Item 1. If Item 2 is a loss, add it as a positive number to Item 1.

Schedule D Item	Example A	Example B	Example C	Example D
1	\$1,000	\$1,000	\$ 700	(\$700)
2	700	(700)	1,000	(1,000)
3	\$ 300	\$1,700	(\$300)	\$300

Item 4 of Schedule D. Difference, if any. The gains or (losses) reportable for Massachusetts tax purposes may differ from the gains or (losses) shown in Item 1 of Massachusetts Schedule D. These differences include:

a. Capital gains and (losses) that occurred while the taxpayer was legally domiciled in another State or country during the taxable year (note: report any such gains or (losses) attributable to Massachusetts while a non-resident on a Schedule D filed with Form 1-NR);

b. Capital gains or (losses) from transactions reported as installment sales for U.S. income tax purposes but not for Massachusetts;

c. A lump-sum distribution of a qualified employee benefit plan is taxable at the 5% rate in Massachusetts. This is subtracted in Item 4 of Schedule D and reported in Item 16 of Form 1.

d. The \$125,000 exclusion and the two-year replacement period provisions relative to the sale of your principal residence do not apply.

e. The basis of property acquired after December 31, 1980 must be determined under the provisions of the U.S. Internal Revenue Code as amended on November 6, 1978.

NOTE: The pre-1980 adjustments for differences in the cost or other basis are not allowed for the sale or exchange of capital assets.

Any entry in Item 4 must be clearly explained in an attached statement.

Item 5 of Schedule D. Massachusetts 1981 capital gain or (loss). The results of applying any differences reported in Item 4 are shown in Item 5. If the total of Item 5, Columns a and b is a gain, proceed to Item 6. However, if the total of Columns a and b is a loss, omit Items 6 - 10 and enter up to \$1,000 of such loss in Schedule B, Part I, Item 13. If you have both short and long-term losses in Item 5, first use up your 1981 short-term loss in Schedule B, Item 13 before applying any 1981 long-term loss. Complete the 1981 line in Item 11. Also enter "0" on Form 1, Page 1, Item 24.

Item 6, 11 and 12 of Schedule D. Use of prior years unused short and long-term losses and five-year carryover. Segregate any Massachusetts available losses for 1976 through 1980 into short and long-term amounts and enter them in Column a of Item 11. Using the oldest losses first, enter in Item 6 and in Column b of Item 11 the amount by type of such losses being used against - but not more than - your Massachusetts 1981 capital gain (the total of Item 5, Columns a and b). See examples below.

If the available unused losses were both short-term and long-term for the same year and are not all being used this year, use up the short-term available losses first. The types of unused losses are recorded in Schedule D, Items 11 and 12, Column d by subtracting the applicable amounts in Columns b and c from the Column a amounts. This will aid you in completing your tax return next

year. A new resident who has unused losses from years when he was not subject to Massachusetts taxation must exclude such unused losses.

Items 8 - 10. Combined gain and 40% deduction. Combine the Item 7, Column a and b amounts and enter the total in Item 8. The amount of the 40% deduction for Item 9 is 40% of the long-term gain entered in Column b of Item 7 or 40% of combined capital gain entered in Item 8, whichever is smaller. If there is a long-term loss or no entry in Column b of Item 7, enter "0" in Item 9. Subtract Item 9 from Item 8 and enter the resulting 1981 Massachusetts adjusted gross capital gain in Item 10 and on Form 1, Page 1, Item 24.

Examples of Gains and (Losses) Computations:

Schedule D Item	Example #1		Example #2	
	Short-Term	Long-Term	Short-Term	Long-Term
5 1981	(2,000)	5,000	(3,000)	20,000
6 Prior unused	(3,000)	0	(4,800)	0
7 1981 adj.	(5,000)	5,000	(7,800)	20,000
8 Combined		0		12,200
9 40% deduction		0		4,880
10 1981 adj. capital gain		0		7,320

Assuming a (\$4,800) available unused prior-year short-term loss for each example above, note that in Example #1 only (\$3,000) is used with the (\$2,000) current year short-term loss to equal the \$5,000 current year long-term gain. Up to \$1,000 of the (\$1,800) remainder of the prior-year loss may be used dollar for dollar against 1981 10% interest and dividends in Schedule B, Part I, Item 13.

EXEMPTIONS FROM INCOME TAXED AT 10%

Item 26 of Form 1. Exemption from 10% income. If your total exemptions in Item 20 are more than the amount of your income taxed at 5% before exemptions in Item 19, the excess may be applied against all income taxed at 10%. A husband and wife must file a joint return to qualify for this carryover exemption. Subtract Item 19 from Item 20 and enter the difference in Item 26. If part of your income is being reported on either Massachusetts Form 2 or Form 1-NR and part on Form 1, see the instruction for Item 52 of Part II. Subtract your Item 26 exemption amount from Item 25 and enter the difference in Item 27, but not less than "0".

Item 28 and Tax Table. Tax on 10% income including 7½% surtax. If your taxable 10% income in Item 27 is not more than \$50,000, you MUST use the tax table. Taxes in the table are computed at one-half the rate on 10% income. Use the correct income line and enter the tax from the table in the Item 28 BOX. Then multiply the tax by two and enter the result in the Item 28 Column. If your Item 27 taxable income is more than \$50,000, multiply by .1075 to determine your tax. Enter the result in the Item 28 Column.

TAX, NO TAX, CREDITS AND PAYMENTS

Item 29. Total tax including 7½% surtax. Add the tax amounts entered in Items 22 and 28 after checking that they are correct. Enter the total in Item 29. See Item 40. If No Tax Status applies, enter "0" in Item 29.

Item 40 and Item 57 - 67 in Part IV on Page 2. NO TAX STATUS and Total Income. The No Tax Status provision applies if your Total Income (as detailed in Part IV) is \$3,000 or less if single or is \$5,000 or less if married and filing jointly. If your taxable year was less than twelve months for a reason other than being a resident for only part of the year, reduce the applicable \$3,000 or \$5,000 total income amount to the proportion of days in your taxable year to 365.

In addition to income subject to taxation, Total Income includes certain amounts of exempt income as indicated in Item 63, 64 and 66 of Part IV. Also Total Income includes any income of a beneficiary or shareholder that is taxed at 5% or at 10% on a Massachusetts Form 2 or 3F as indicated in Item 65. In determining Total Income in Part IV, enter a loss for any item as "0".

Total Income does not include exempt pension amounts or social security, public welfare assistance, Veterans Administration disability or "G.I. Bill" education payments; workmen's or nontaxable unemployment compensation; accident or life insurance payments; or gifts.

If you are eligible, enter your Total Income amount in Item 40 and check the box. Also enter "0" in Item 29. Otherwise any refund caused by amounts withheld or the sales tax credit may be less than the correct amount due you.

Item 29a. Massachusetts Election Campaign Fund. You and your spouse if filing jointly may voluntarily contribute \$1 each to the State Election Campaign Fund. The purpose of the fund is to provide limited public financing of campaigns for state-wide elective office. The Massachusetts law differs from the Federal law. Your contribution is added to your tax. It will increase your balance due, or it will reduce your refund.

Item 30. Massachusetts income tax withheld. Enter the total Massachusetts income tax withheld (yours and that of your spouse together if filing jointly) from all wage and tax statements. Enclose the State Copy of Form W-2 from each employer; otherwise your claim of amounts withheld will NOT be allowed. If you have lost your State Copy of Form W-2, ask your employer for a duplicate.

Item 31. Massachusetts estimated tax payment. If you paid a Massachusetts estimated income tax for 1981, enter the total amount paid in Item 31. Include your last quarterly payment made by January 15, 1982 (if any) and the exact amount of any credit claimed on your 1980 Form 1, Item 37.

Items 32 and Page 2, Parts IV and V. Credit if total income subject to taxation is \$5,000 or less. To help reduce the sales tax cost to a person whose total income (plus the income of his spouse if married) was \$5,000 or less, a qualified taxpayer is allowed a credit of \$4, plus \$4 for his spouse, plus \$8 for each dependent subject to the following additional provisions of law.

a. You must have been a Massachusetts legal resident for at least six months during 1981.

b. You must not have been the dependent of another taxpayer during 1981.

c. If married, your spouse must not have been the dependent of another taxpayer (other than you).

d. If married, you and your spouse must file a joint return signed by both.

e. The return must be filed on or before April 15, 1982.

f. This credit may not be used by any person who was confined in a State prison or county house of correction for any period during the calendar year pursuant to conviction of any crime.

To determine your credit eligibility, complete Page 2, Part IV, Items 57 through 67 and check each box on Page 2, Part V, Items 68 through 72 if it applies. Compute the credit according to the instructions on the return and enter the total in Item 75 and in Item 32 of the Tax Computation.

For example, a taxpayer (\$4) with a wife (\$4) and two children (\$8 each) whose total income does not exceed \$5,000 and who is otherwise qualified under the six provisions of law described above should enter \$24 in Item 75 and in Item 32. It is emphasized that if you are the dependent of another taxpayer, you are not entitled to a credit and you must enter "0" in Item 75 and in Item 32.

In determining total income in Part IV of Form 1, enter a loss for any items as "0".

Item 33. Other Credits. Read the instructions below for Items 33a-33c, which are not related to the U.S. income tax. If you are claiming any of these credits, complete the applicable schedule and attach it to your return. On Form 1, check the applicable box and enter the credit amount being claimed in Item 33. If you are claiming more than one credit, compute them in the order listed—33a, b and c to arrive at the correct tax. Item 33 is also used to take credit for a payment made with an extension of time application, Form M4868 or M2688.

Item 33a. Energy Credit (\$1,000 Maximum), Massachusetts separate Schedule EC. The Massachusetts energy credit is NOT the same as that allowed on your U.S. return. The Massachusetts provisions relate mainly to net expenditures for certain renewable energy source items. Such items are those that transmit or use solar or wind energy to heat or cool or provide hot water for your principal residence that you owned and occupied. The credit equals 35% of the net expenditure up to the \$1,000 maximum.

Energy conservation expenditures—for such items as insulation, storm (or thermal) windows or doors, caulking or weatherstripping and other conservation items—are NOT allowable. In addition, expenditures for wood burning stoves or furnaces are NOT allowable.

If you believe you are eligible, obtain and complete Massachusetts separate Schedule EC, which includes additional instructions. Attach that schedule to your tax return along with a copy of U.S. Form 5695. Enter the allowable amount of your energy credit, as computed on Schedule EC, in Item 33 on Form 1 and check the Item 33a box.

Item 33b. Credit for income taxes due to other jurisdictions, Massachusetts Schedule F. For Massachusetts residents only.

If you are liable for income taxes to other States, the District of Columbia, any territory or dependency of the United States, or the Dominion of Canada or provinces thereof, on part or all of the income reported on Form 1, you may claim a credit against your Massachusetts tax for such taxes due to other jurisdictions in accordance with the following restrictions and limitations.

a. Such taxes due must not include interest and penalties.

b. Such taxes due must be reduced by any foreign tax credit allowable on the U.S. Form 1040, Line 42. If applicable, reduce Item 6 of Massachusetts Schedule F and note such reduction in the margin.

c. Copies of returns filed with such other jurisdictions showing the income taxes due must be attached to your Massachusetts return.

d. The amount of credit allowable shall be the lesser of the following:

- (1) The amount of such taxes due to such other jurisdiction, or
- (2) The portion of your Massachusetts tax due on your gross income that is taxed in such other jurisdiction(s).

The Items in Schedule F are arranged to arrive at the correct credit amount for the usual situation of a resident with income taxed by another State or qualified jurisdiction.

Items 1 and 2 of Schedule F. Complete two Schedules F if income subject to Massachusetts taxation at 5% and 10% are both taxed by another jurisdiction. Adapt Schedule F for such 10% income. Generally, Massachusetts gross 10% income reported on Form 1 equals Schedule B, Item 12, plus any amount in Item 10, and plus Schedule D, Item 5.

Item 33c. Tax reduction in certain limited income cases. Complete Massachusetts Schedule G worksheet below only if the amount of your tax in Item 29 of Form 1 would reduce your Total Income below \$3,000 if single or below \$5,000 if married (a joint return is required). Determine your Total Income by completing Part IV on Page 2 of Form 1. If your Total Income in Item 67 of Part IV is slightly over \$3,000 if single or \$5,000 if married, you may be entitled to a reduction and you should complete Schedule G. For example, a single taxpayer with a total income of \$3,030 consisting of wages and U.S. savings bond interest could have a tax before credit of \$50. However such a taxpayer, by completing Schedule G properly, will have his tax reduced to \$30. Thus his total income after his \$30 Massachusetts income tax will be \$3,000.

In determining Total Income in Part IV of Form 1, enter a loss in any item as "0".

If your taxable year was less than twelve months for a reason other than being a resident for only part of the year, reduce the applicable \$3,000 or \$5,000 total income amount to the proportion of days in your taxable year to 365.

If your Total Income was \$3,000 or less if single or \$5,000 or less if married and filing jointly, do not complete Schedule G. However in such case you owe no tax if you had a twelve month taxable year, and you should complete Item 40 on Page 1 of Form 1.

Schedule G Worksheet. Computation of Tax Reduction in Certain Limited Cases *

Complete this schedule only if your tax (Form 1, Page 1, Item 29) would reduce your Total Income (Form 1, Page 2, Item 67) below \$3,000 if single, or \$5,000 if married and filing jointly.

1. Total tax before any credits (from Form 1, Page 1, Item 29 Less Item 33a and/or 33b credit(s) if any).	
2. Total income (from Form 1, Page 2, Item 67).	
3. Enter \$3,000 if you are single, or \$5,000 if married filing jointly.	
4. Subtract Item 3 from Item 2. If Item 3 is larger, enter "0".	
5. Amount of limited income tax reduction (subtract Item 4 from Item 1). If Item 4 is larger, enter "0".	

Enter the Item 5 amount on Form 1, Page 1, Item 33. If both Schedules F and G apply or if a non-resident for all or part of the year, see the instructions.

Do NOT file this worksheet with your return—Keep it for your tax records.

Item 36. REFUND. If the amount in Item 29b is less than the total payments and credits in Item 34, you are due a refund. Subtract Item 29b from Item 34. Enter your refund amount in Item 36. Mail to: Mass. Income Tax, P.O. Box 7000, Boston, MA 02204.

Item 37. Credit on estimated tax. The overpayment amount designated to be credited on your estimated tax (rather than to be refunded) will be credited only in one way in order to reduce errors. As much of the overpayment as possible will be credited first against the payment due with the Declaration. Any remaining overpayment amount will be credited against the second installment, etc. You must NOT divide the overpayment credit by the number of installments and apply part to each.

Item 38. BALANCE DUE. If the amount in Item 29b is larger than the amount in Item 34, you owe a tax. Subtract Item 34 from Item 29b. Enter the balance due in Item 38. Pay this amount in full with your return. Mail to: Mass. Income Tax, P.O. Box 7003, Boston, MA 02204.

PENALTIES AND INTEREST

If you were required to file a tax return for income received in any year since 1949 and if you did not file, you must file. It is to your advantage to file with payment as soon as possible because the total of penalties and interest increases each month such returns and payments are delinquent. Obtain forms and assistance from offices indicated on back cover. If you had a valid reason for not filing, state such reason on your tax return or in an attached statement.

The penalty for failure to file a tax return by the due date is 1% per month (or fraction thereof) to a 25% maximum. Any tax due must be paid in full with your return by April 15 to avoid interest at the rate of 20% per year plus a penalty of ½% per month (or fraction thereof) to a 25% maximum.

If a "bad" check is used, a penalty is added equal to 2% of the amount of such check. For checks less than \$500, the penalty added is equal to \$10.00 or the amount of the check, whichever is smaller.

A penalty for not paying enough tax during the year is provided under the income tax estimating law. Generally, 80% of the tax liability is required to be paid. If applicable, complete Form M 2210 to determine if you meet one or more of the underpayment exceptions or to compute your penalty. If a penalty applies, enter the amount in Item 39 and add it to your Balance Due (Item 38) or subtract the penalty from the amount Overpaid (Item 35). Attach Form M 2210 to Page 1 of Form to show the exception claimed or the penalty computation.

If, for a good reason, you are unable to file your tax return by the due date, file Form M4868, Application for Automatic Extension of Time to File, with payment (if any due) on or before April 15. Such Massachusetts Form M4868 is required even though the U.S. Form 4868 has been filed with the Internal Revenue Service. Form M2688 should be used for non-automatic extensions.

CHANGES IN NET INCOME BY THE FEDERAL GOVERNMENT

If your income subject to taxation in Massachusetts as reported on a prior Massachusetts income tax return has been found to be in error by the U.S. Internal Revenue Service, you are required to correct your Massachusetts return for such year. Report any changes in your prior year's income made by the federal government on Form 33FC, copies of which are available at any State Tax Office.

You are subject to penalty if a report of federal change is not filed within one year of the date of final determination by the federal government. Therefore, file Form 33FC as soon as your federal changes have been finally determined in order to avoid additional penalty amounts. The U.S. Internal Revenue Service reports all changes made in federal net income to the Massachusetts Department of Revenue. If the federal corrections have lowered your tax, you may be entitled to a refund of your Massachusetts tax. You also have the same one-year period to apply for such refund on Massachusetts Form CA-6.

DECLARATION OF ESTIMATED TAX

Every individual resident or non-resident and every fiduciary, corporate trust, club or other organization who or which can reasonably expect to receive any income subject to taxation (other than wages subject to withholding) in excess of \$500 must make a Massachusetts Declaration of Estimated Tax—unless the amount of estimated tax is \$4 or less. A partner must include his distributive share of the partnership income in making his Declaration of Estimated Tax. Examples of such income are: dividends and interest, including Massachusetts savings deposit interest, and all other interest whether or not from within or without Massachusetts; gains from capital assets; income from an individual trade, business, profession, or partnership; income from any trust or estate not taxed directly; pensions; and any other income from within or without Massachusetts and from which the Massachusetts income tax will not be withheld.

The declaration Form 1-ES, together with the amount due must be filed on or before April 15. The estimated tax may be paid in full with the declaration or in equal installments on or before April 15, June 15, September 15 and next January 15.

Many persons who are employed agree (on Form M-4) to have their employers withhold additional amounts from their salaries or wages to cover the taxes on their other income. In such cases a declaration of estimated tax is not required to be filed.

Form 1-ES and instructions contain more details. Form 1-ES packets with the pre-addressed vouchers for returning each of the four payments are mailed to each taxpayer who made a declaration for the year before. Others may obtain Form 1-ES as indicated on page 16.

1981 MASSACHUSETTS INCOME TAX TABLE

Page 13

Table for 5% income. For persons with Item 21 income of not more than \$50,000 that is taxed at the 5% rate plus the 7½% surtax (.05375).

To find your tax, read down the income columns to the line for your taxable 5% income shown in Item 21. Then read across to the TAX column. Enter the tax that you find there in Item 22.

Income for tax table			TAX
More than	But not more than		
\$ 1	— \$ 50	\$ 1	
50	— 100	4	
100	— 150	7	
150	— 200	9	
200	— 250	12	
250	— 300	15	
300	— 350	17	
350	— 400	20	
400	— 450	23	
450	— 500	26	
500	— 550	28	
550	— 600	31	
600	— 650	34	
650	— 700	36	
700	— 750	39	
750	— 800	42	
800	— 850	44	
850	— 900	47	
900	— 950	50	
950	— 1,000	52	
1,000	— 1,050	55	
1,050	— 1,100	58	
1,100	— 1,150	60	
1,150	— 1,200	63	
1,200	— 1,250	66	
1,250	— 1,300	69	
1,300	— 1,350	71	
1,350	— 1,400	74	
1,400	— 1,450	77	
1,450	— 1,500	79	
1,500	— 1,550	82	
1,550	— 1,600	85	
1,600	— 1,650	87	
1,650	— 1,700	90	
1,700	— 1,750	93	
1,750	— 1,800	95	
1,800	— 1,850	98	
1,850	— 1,900	101	
1,900	— 1,950	103	
1,950	— 2,000	106	
2,000	— 2,050	109	
2,050	— 2,100	112	
2,100	— 2,150	114	
2,150	— 2,200	117	
2,200	— 2,250	120	
2,250	— 2,300	122	
2,300	— 2,350	125	
2,350	— 2,400	128	
2,400	— 2,450	130	
2,450	— 2,500	133	
2,500	— 2,550	136	
2,550	— 2,600	138	
2,600	— 2,650	141	
2,650	— 2,700	144	
2,700	— 2,750	146	
2,750	— 2,800	149	
2,800	— 2,850	152	
2,850	— 2,900	155	
2,900	— 2,950	157	
2,950	— 3,000	160	
3,000	— 3,050	163	
3,050	— 3,100	165	
3,100	— 3,150	168	
3,150	— 3,200	171	
3,200	— 3,250	173	
3,250	— 3,300	176	
3,300	— 3,350	179	
3,350	— 3,400	181	
3,400	— 3,450	184	
3,450	— 3,500	187	
3,500	— 3,550	189	
3,550	— 3,600	192	
3,600	— 3,650	195	
3,650	— 3,700	198	
3,700	— 3,750	200	
3,750	— 3,800	203	
3,800	— 3,850	206	
3,850	— 3,900	208	
3,900	— 3,950	211	
3,950	— 4,000	214	

Table for 10% income. Also for persons with Item 27 income of not more than \$50,000 that is taxed at the 10% rate plus the 7½% surtax (.1075). In such cases the tax in the tables is one-half the correct tax.

To find half of your tax, read down the income columns to the line for your taxable 10% income shown in line 27. Then read across to the TAX column. Enter the tax that you find there in the Item 28 BOX. Multiply the tax from the table by two. Enter the result in the Item 28 Column.

Income for tax table			Income for tax table			Income for tax table		
More than	But not more than	TAX	More than	But not more than	TAX	More than	But not more than	TAX
\$ 8,000	— \$ 8,050	\$ 431	\$ 12,000	— \$ 12,050	\$ 646	\$ 16,000	— \$ 16,050	\$ 861
8,050	— 8,100	434	12,050	— 12,100	649	16,050	— 16,100	864
8,100	— 8,150	437	12,100	— 12,150	652	16,100	— 16,150	867
8,150	— 8,200	439	12,150	— 12,200	654	16,150	— 16,200	869
8,200	— 8,250	442	12,200	— 12,250	657	16,200	— 16,250	872
8,250	— 8,300	445	12,250	— 12,300	660	16,250	— 16,300	875
8,300	— 8,350	447	12,300	— 12,350	662	16,300	— 16,350	877
8,350	— 8,400	450	12,350	— 12,400	665	16,350	— 16,400	880
8,400	— 8,450	453	12,400	— 12,450	668	16,400	— 16,450	883
8,450	— 8,500	456	12,450	— 12,500	671	16,450	— 16,500	886
8,500	— 8,550	458	12,500	— 12,550	673	16,500	— 16,550	888
8,550	— 8,600	461	12,550	— 12,600	676	16,550	— 16,600	891
8,600	— 8,650	464	12,600	— 12,650	679	16,600	— 16,650	894
8,650	— 8,700	466	12,650	— 12,700	681	16,650	— 16,700	896
8,700	— 8,750	469	12,700	— 12,750	684	16,700	— 16,750	899
8,750	— 8,800	472	12,750	— 12,800	687	16,750	— 16,800	902
8,800	— 8,850	474	12,800	— 12,850	689	16,800	— 16,850	904
8,850	— 8,900	477	12,850	— 12,900	692	16,850	— 16,900	907
8,900	— 8,950	480	12,900	— 12,950	695	16,900	— 16,950	910
8,950	— 9,000	482	12,950	— 13,000	697	16,950	— 17,000	912
9,000	— 9,050	485	13,000	— 13,050	700	17,000	— 17,050	915
9,050	— 9,100	488	13,050	— 13,100	703	17,050	— 17,100	918
9,100	— 9,150	490	13,100	— 13,150	705	17,100	— 17,150	920
9,150	— 9,200	493	13,150	— 13,200	708	17,150	— 17,200	923
9,200	— 9,250	496	13,200	— 13,250	711	17,200	— 17,250	926
9,250	— 9,300	499	13,250	— 13,300	714	17,250	— 17,300	929
9,300	— 9,350	501	13,300	— 13,350	716	17,300	— 17,350	931
9,350	— 9,400	504	13,350	— 13,400	719	17,350	— 17,400	934
9,400	— 9,450	507	13,400	— 13,450	722	17,400	— 17,450	937
9,450	— 9,500	509	13,450	— 13,500	724	17,450	— 17,500	939
9,500	— 9,550	512	13,500	— 13,550	727	17,500	— 17,550	942
9,550	— 9,600	515	13,550	— 13,600	730	17,550	— 17,600	945
9,600	— 9,650	517	13,600	— 13,650	732	17,600	— 17,650	947
9,650	— 9,700	520	13,650	— 13,700	735	17,650	— 17,700	950
9,700	— 9,750	523	13,700	— 13,750	738	17,700	— 17,750	953
9,750	— 9,800	525	13,750	— 13,800	740	17,750	— 17,800	955
9,800	— 9,850	528	13,800	— 13,850	743	17,800	— 17,850	958
9,850	— 9,900	531	13,850	— 13,900	746	17,850	— 17,900	961
9,900	— 9,950	533	13,900	— 13,950	748	17,900	— 17,950	963
9,950	— 10,000	536	13,950	— 14,000	751	17,950	— 18,000	966
10,000	— 10,050	539	14,000	— 14,050	754	18,000	— 18,050	969
10,050	— 10,100	542	14,050	— 14,100	757	18,050	— 18,100	972
10,100	— 10,150	544	14,100	— 14,150	759	18,100	— 18,150	974
10,150	— 10,200	547	14,150	— 14,200	762	18,150	— 18,200	977
10,200	— 10,250	550	14,200	— 14,250	765	18,200	— 18,250	980
10,250	— 10,300	552	14,250	— 14,300	767	18,250	— 18,300	982
10,300	— 10,350	555	14,300	— 14,350	770	18,300	— 18,350	985
10,350	— 10,400	558	14,350	— 14,400	773	18,350	— 18,400	988
10,400	— 10,450	560	14,400	— 14,450	775	18,400	— 18,450	990
10,450	— 10,500	563	14,450	— 14,500	778	18,450	— 18,500	993
10,500	— 10,550	566	14,500	— 14,550	781	18,500	— 18,550	996
10,550	— 10,600	568	14,550	— 14,600	783	18,550	— 18,600	998
10,600	— 10,650	571	14,600	— 14,650	786	18,600	— 18,650	1,001
10,650	— 10,700	574	14,650	— 14,700	789	18,650	— 18,700	1,004
10,700	— 10,750	576	14,700	— 14,750	791	18,700	— 18,750	1,006
10,750	— 10,800	579	14,750	— 14,800	794	18,750	— 18,800	1,009
10,800	— 10,850	582	14,800	— 14,850	797	18,800	— 18,850	1,012
10,850	— 10,900	585	14,850	— 14,900	800	18,850	— 18,900	1,015
10,900	— 10,950	587	14,900	— 14,950	802	18,900	— 18,950	1,017
10,950	— 11,000	590	14,950	— 15,000	805	18,950	— 19,000	1,020
11,000	— 11,050	593	15,000	— 15,050	808	19,000	— 19,050	1,023
11,050	— 11,100	595	15,050	— 15,100	810	19,050	— 19,100	1,025
11,100	— 11,150	598	15,100	— 15,150	813	19,100	— 19,150	1,028
11,150	— 11,200	601	15,150	— 15,200	816	19,150	— 19,200	1,031
11,200	— 11,250	603	15,200	— 15,250	818	19,200	— 19,250	1,033
11,250	— 11,300	606	15,250	— 15,300	821	19,250	— 19,300	1,036
11,300	— 11,350	609	15,300	— 15,350	824	19,300	— 19,350	1,039
11,350	— 11,400	611	15,350	— 15,400	826	19,350	— 19,400	1,041
11,400	— 11,450	614	15,400	— 15,450	829	19,400	— 19,450	1,044
11,450	— 11,500	617	15,450	— 15,500	832	19,450	— 19,500	1,047
11,500	— 11,550	619	15,500	— 15,550	834	19,500	— 19,550	1,049
11,550	— 11,600	622	15,550	— 15,600	837	19,550	— 19,600	1,052
11,600	— 11,650	625	15,600	— 15,650	840	19,600	— 19,650	1,055
11,650	— 11,700	628	15,650	— 15,700	843	19,650	— 19,700	1,058
11,700	— 11,750	630	15,700	— 15,750	845	19,700	— 19,750	1,060
11,750	— 11,800	633	15,750	— 15,800	848	19,750	— 19,800	1,063
11,800	— 11,850	636	15,800	— 15,850	851	19,800	— 19,850	1,066
11,850	— 11,900	638	15,850	— 15,900	853	19,850	— 19,900	1,068
11,900	— 11,950	641	15,900	— 15,950	856	19,900	— 19,950	1,071
11,950	— 12,000	644	15,950	— 16,000	859	19,950	— 20,000	1,074

1981 MASSACHUSETTS INCOME TAX TABLE. See Page 13.

Tax for taxable 5% income (Item 21) of not more than \$50,000.

One-half of tax for taxable 10% income (Item 27) of not more than \$50,000.

Income for tax table			Income for tax table			Income for tax table			Income for tax table			Income for tax table		
More than	But not more than	TAX	More than	But not more than	TAX	More than	But not more than	TAX	More than	But not more than	TAX	More than	But not more than	TAX
\$20,000	— \$20,050	\$1,076	\$24,000	— \$24,050	\$1,291	\$28,000	— \$28,050	\$1,506	\$32,000	— \$32,050	\$1,721	\$36,000	— \$36,050	\$1,936
20,050	20,100	1,079	24,050	24,100	1,294	28,050	28,100	1,509	32,050	32,100	1,724	36,050	36,100	1,939
20,100	20,150	1,082	24,100	24,150	1,297	28,100	28,150	1,512	32,100	32,150	1,727	36,100	36,150	1,942
20,150	20,200	1,084	24,150	24,200	1,299	28,150	28,200	1,514	32,150	32,200	1,729	36,150	36,200	1,944
20,200	20,250	1,087	24,200	24,250	1,302	28,200	28,250	1,517	32,200	32,250	1,732	36,200	36,250	1,947
20,250	20,300	1,090	24,250	24,300	1,305	28,250	28,300	1,520	32,250	32,300	1,735	36,250	36,300	1,950
20,300	20,350	1,092	24,300	24,350	1,307	28,300	28,350	1,522	32,300	32,350	1,737	36,300	36,350	1,952
20,350	20,400	1,095	24,350	24,400	1,310	28,350	28,400	1,525	32,350	32,400	1,740	36,350	36,400	1,955
20,400	20,450	1,098	24,400	24,450	1,313	28,400	28,450	1,528	32,400	32,450	1,743	36,400	36,450	1,958
20,450	20,500	1,101	24,450	24,500	1,316	28,450	28,500	1,531	32,450	32,500	1,746	36,450	36,500	1,961
20,500	20,550	1,103	24,500	24,550	1,318	28,500	28,550	1,533	32,500	32,550	1,748	36,500	36,550	1,963
20,550	20,600	1,106	24,550	24,600	1,321	28,550	28,600	1,536	32,550	32,600	1,751	36,550	36,600	1,966
20,600	20,650	1,109	24,600	24,650	1,324	28,600	28,650	1,539	32,600	32,650	1,754	36,600	36,650	1,969
20,650	20,700	1,111	24,650	24,700	1,326	28,650	28,700	1,541	32,650	32,700	1,756	36,650	36,700	1,971
20,700	20,750	1,114	24,700	24,750	1,329	28,700	28,750	1,544	32,700	32,750	1,759	36,700	36,750	1,974
20,750	20,800	1,117	24,750	24,800	1,332	28,750	28,800	1,547	32,750	32,800	1,762	36,750	36,800	1,977
20,800	20,850	1,119	24,800	24,850	1,334	28,800	28,850	1,549	32,800	32,850	1,764	36,800	36,850	1,979
20,850	20,900	1,122	24,850	24,900	1,337	28,850	28,900	1,552	32,850	32,900	1,767	36,850	36,900	1,982
20,900	20,950	1,125	24,900	24,950	1,340	28,900	28,950	1,555	32,900	32,950	1,770	36,900	36,950	1,985
20,950	21,000	1,127	24,950	25,000	1,342	28,950	29,000	1,557	32,950	33,000	1,772	36,950	37,000	1,987
21,000	21,050	1,130	25,000	25,050	1,345	29,000	29,050	1,560	33,000	33,050	1,775	37,000	37,050	1,990
21,050	21,100	1,133	25,050	25,100	1,348	29,050	29,100	1,563	33,050	33,100	1,778	37,050	37,100	1,993
21,100	21,150	1,135	25,100	25,150	1,350	29,100	29,150	1,565	33,100	33,150	1,780	37,100	37,150	1,995
21,150	21,200	1,138	25,150	25,200	1,353	29,150	29,200	1,568	33,150	33,200	1,783	37,150	37,200	1,998
21,200	21,250	1,141	25,200	25,250	1,356	29,200	29,250	1,571	33,200	33,250	1,786	37,200	37,250	2,001
21,250	21,300	1,144	25,250	25,300	1,359	29,250	29,300	1,574	33,250	33,300	1,789	37,250	37,300	2,004
21,300	21,350	1,146	25,300	25,350	1,361	29,300	29,350	1,576	33,300	33,350	1,791	37,300	37,350	2,006
21,350	21,400	1,149	25,350	25,400	1,364	29,350	29,400	1,579	33,350	33,400	1,794	37,350	37,400	2,009
21,400	21,450	1,152	25,400	25,450	1,367	29,400	29,450	1,582	33,400	33,450	1,797	37,400	37,450	2,012
21,450	21,500	1,154	25,450	25,500	1,369	29,450	29,500	1,584	33,450	33,500	1,799	37,450	37,500	2,014
21,500	21,550	1,157	25,500	25,550	1,372	29,500	29,550	1,587	33,500	33,550	1,802	37,500	37,550	2,017
21,550	21,600	1,160	25,550	25,600	1,375	29,550	29,600	1,590	33,550	33,600	1,805	37,550	37,600	2,020
21,600	21,650	1,162	25,600	25,650	1,377	29,600	29,650	1,592	33,600	33,650	1,807	37,600	37,650	2,022
21,650	21,700	1,165	25,650	25,700	1,380	29,650	29,700	1,595	33,650	33,700	1,810	37,650	37,700	2,025
21,700	21,750	1,168	25,700	25,750	1,383	29,700	29,750	1,598	33,700	33,750	1,813	37,700	37,750	2,028
21,750	21,800	1,170	25,750	25,800	1,385	29,750	29,800	1,600	33,750	33,800	1,815	37,750	37,800	2,030
21,800	21,850	1,173	25,800	25,850	1,388	29,800	29,850	1,603	33,800	33,850	1,818	37,800	37,850	2,033
21,850	21,900	1,176	25,850	25,900	1,391	29,850	29,900	1,606	33,850	33,900	1,821	37,850	37,900	2,036
21,900	21,950	1,178	25,900	25,950	1,393	29,900	29,950	1,608	33,900	33,950	1,823	37,900	37,950	2,038
21,950	22,000	1,181	25,950	26,000	1,396	29,950	30,000	1,611	33,950	34,000	1,826	37,950	38,000	2,041
22,000	22,050	1,184	26,000	26,050	1,399	30,000	30,050	1,614	34,000	34,050	1,829	38,000	38,050	2,044
22,050	22,100	1,187	26,050	26,100	1,402	30,050	30,100	1,617	34,050	34,100	1,832	38,050	38,100	2,047
22,100	22,150	1,189	26,100	26,150	1,404	30,100	30,150	1,619	34,100	34,150	1,834	38,100	38,150	2,049
22,150	22,200	1,192	26,150	26,200	1,407	30,150	30,200	1,622	34,150	34,200	1,837	38,150	38,200	2,052
22,200	22,250	1,195	26,200	26,250	1,410	30,200	30,250	1,625	34,200	34,250	1,840	38,200	38,250	2,055
22,250	22,300	1,197	26,250	26,300	1,412	30,250	30,300	1,627	34,250	34,300	1,842	38,250	38,300	2,057
22,300	22,350	1,200	26,300	26,350	1,415	30,300	30,350	1,630	34,300	34,350	1,845	38,300	38,350	2,060
22,350	22,400	1,203	26,350	26,400	1,418	30,350	30,400	1,633	34,350	34,400	1,848	38,350	38,400	2,063
22,400	22,450	1,205	26,400	26,450	1,420	30,400	30,450	1,635	34,400	34,450	1,850	38,400	38,450	2,065
22,450	22,500	1,208	26,450	26,500	1,423	30,450	30,500	1,638	34,450	34,500	1,853	38,450	38,500	2,068
22,500	22,550	1,211	26,500	26,550	1,426	30,500	30,550	1,641	34,500	34,550	1,856	38,500	38,550	2,071
22,550	22,600	1,213	26,550	26,600	1,428	30,550	30,600	1,643	34,550	34,600	1,858	38,550	38,600	2,073
22,600	22,650	1,216	26,600	26,650	1,431	30,600	30,650	1,646	34,600	34,650	1,861	38,600	38,650	2,076
22,650	22,700	1,219	26,650	26,700	1,434	30,650	30,700	1,649	34,650	34,700	1,864	38,650	38,700	2,079
22,700	22,750	1,221	26,700	26,750	1,436	30,700	30,750	1,651	34,700	34,750	1,866	38,700	38,750	2,081
22,750	22,800	1,224	26,750	26,800	1,439	30,750	30,800	1,654	34,750	34,800	1,869	38,750	38,800	2,084
22,800	22,850	1,227	26,800	26,850	1,442	30,800	30,850	1,657	34,800	34,850	1,872	38,800	38,850	2,087
22,850	22,900	1,230	26,850	26,900	1,445	30,850	30,900	1,660	34,850	34,900	1,875	38,850	38,900	2,090
22,900	22,950	1,232	26,900	26,950	1,447	30,900	30,950	1,662	34,900	34,950	1,877	38,900	38,950	2,092
22,950	23,000	1,235	26,950	27,000	1,450	30,950	31,000	1,665	34,950	35,000	1,880	38,950	39,000	2,095
23,000	23,050	1,238	27,000	27,050	1,453	31,000	31,050	1,668	35,000	35,050	1,883	39,000	39,050	2,098
23,050	23,100	1,240	27,050	27,100	1,455	31,050	31,100	1,670	35,050	35,100	1,885	39,050	39,100	2,100
23,100	23,150	1,243	27,100	27,150	1,458	31,100	31,150	1,673	35,100	35,150	1,888	39,100	39,150	2,103
23,150	23,200	1,246	27,150	27,200	1,461	31,150	31,200	1,676	35,150	35,200	1,891	39,150	39,200	2,106
23,200	23,250	1,248	27,200	27,250	1,463	31,200	31,250	1,678	35,200	35,250	1,893	39,200	39,250	2,108
23,250	23,300	1,251	27,250	27,300	1,466	31,250	31,300	1,681	35,250	35,300	1,896	39,250	39,300	2,111
23,300	23,350	1,254	27,300	27,350	1,469	31,300	31,350	1,684	35,300	35,350	1,899	39,300	39,350	2,114
23,350	23,400	1,256	27,350	27,400	1,471	31,350	31,400	1,686	35,350	35,400	1,901	39,350	39,400	2,116
23,400	23,450	1,259	27,400	27,450	1,474	31,400	31,450	1,689	35,400	35,450	1,904	39,400	39,450	2,119
23,450	23,500	1,262	27,450	27,500	1,477	31,450	31,500	1,692	35,450	35,50				

1981 MASSACHUSETTS INCOME TAX TABLE

Tax for taxable 5% income (Item 21) of not more than \$50,000.
One-half of tax for taxable 10% income (Item 27) of not more than \$50,000.

Table for 5% income. For persons with Item 21 income of not more than \$50,000 that is taxed at the 5% rate plus the 7½% surtax (.05375).

To find your tax, read down the income columns to the line for your taxable 5% income shown in Item 21. Then read across to the TAX column. Enter the tax that you find there in Item 22.

Table for 10% income. Also for persons with Item 27 income of not more than \$50,000 that is taxed at the 10% rate plus the 7½% surtax (.1075). In such cases the tax in the tables is one-half the correct tax.

To find half of your tax, read down the income columns to the line for your taxable 10% income shown in line 27. Then read across to the TAX column. Enter the tax that you find there in the Item 28 BOX. Multiply the tax from the table by two. Enter the result in the Item 28 Column.

Income for tax table		TAX
More than	But not more than	
\$ 40,000 — \$ 40,050		\$ 2,151
40,050 — 40,100		2,154
40,100 — 40,150		2,157
40,150 — 40,200		2,159
40,200 — 40,250		2,162
40,250 — 40,300		2,165
40,300 — 40,350		2,167
40,350 — 40,400		2,170
40,400 — 40,450		2,173
40,450 — 40,500		2,176
40,500 — 40,550		2,178
40,550 — 40,600		2,181
40,600 — 40,650		2,184
40,650 — 40,700		2,186
40,700 — 40,750		2,189
40,750 — 40,800		2,192
40,800 — 40,850		2,194
40,850 — 40,900		2,197
40,900 — 40,950		2,200
40,950 — 41,000		2,202
41,000 — 41,050		2,205
41,050 — 41,100		2,208
41,100 — 41,150		2,210
41,150 — 41,200		2,213
41,200 — 41,250		2,216
41,250 — 41,300		2,219
41,300 — 41,350		2,221
41,350 — 41,400		2,224
41,400 — 41,450		2,227
41,450 — 41,500		2,229
41,500 — 41,550		2,232
41,550 — 41,600		2,235
41,600 — 41,650		2,237
41,650 — 41,700		2,240
41,700 — 41,750		2,243
41,750 — 41,800		2,245
41,800 — 41,850		2,248
41,850 — 41,900		2,251
41,900 — 41,950		2,253
41,950 — 42,000		2,256
42,000 — 42,050		2,259
42,050 — 42,100		2,262
42,100 — 42,150		2,264
42,150 — 42,200		2,267
42,200 — 42,250		2,270
42,250 — 42,300		2,272
42,300 — 42,350		2,275
42,350 — 42,400		2,278
42,400 — 42,450		2,280
42,450 — 42,500		2,283

Income for tax table		TAX
More than	But not more than	
\$ 42,500 — \$ 42,550		\$ 2,286
42,550 — 42,600		2,288
42,600 — 42,650		2,291
42,650 — 42,700		2,294
42,700 — 42,750		2,296
42,750 — 42,800		2,299
42,800 — 42,850		2,302
42,850 — 42,900		2,305
42,900 — 42,950		2,307
42,950 — 43,000		2,310
43,000 — 43,050		2,313
43,050 — 43,100		2,315
43,100 — 43,150		2,318
43,150 — 43,200		2,321
43,200 — 43,250		2,323
43,250 — 43,300		2,326
43,300 — 43,350		2,329
43,350 — 43,400		2,331
43,400 — 43,450		2,334
43,450 — 43,500		2,337
43,500 — 43,550		2,339
43,550 — 43,600		2,342
43,600 — 43,650		2,345
43,650 — 43,700		2,348
43,700 — 43,750		2,350
43,750 — 43,800		2,353
43,800 — 43,850		2,356
43,850 — 43,900		2,358
43,900 — 43,950		2,361
43,950 — 44,000		2,364
44,000 — 44,050		2,366
44,050 — 44,100		2,369
44,100 — 44,150		2,372
44,150 — 44,200		2,374
44,200 — 44,250		2,377
44,250 — 44,300		2,380
44,300 — 44,350		2,382
44,350 — 44,400		2,385
44,400 — 44,450		2,388
44,450 — 44,500		2,391
44,500 — 44,550		2,393
44,550 — 44,600		2,396
44,600 — 44,650		2,399
44,650 — 44,700		2,401
44,700 — 44,750		2,404
44,750 — 44,800		2,407
44,800 — 44,850		2,409
44,850 — 44,900		2,412
44,900 — 44,950		2,415
44,950 — 45,000		2,417

Income for tax table		TAX
More than	But not more than	
\$ 45,000 — \$ 45,050		\$ 2,420
45,050 — 45,100		2,423
45,100 — 45,150		2,425
45,150 — 45,200		2,428
45,200 — 45,250		2,431
45,250 — 45,300		2,434
45,300 — 45,350		2,436
45,350 — 45,400		2,439
45,400 — 45,450		2,442
45,450 — 45,500		2,444
45,500 — 45,550		2,447
45,550 — 45,600		2,450
45,600 — 45,650		2,452
45,650 — 45,700		2,455
45,700 — 45,750		2,458
45,750 — 45,800		2,460
45,800 — 45,850		2,463
45,850 — 45,900		2,466
45,900 — 45,950		2,468
45,950 — 46,000		2,471
46,000 — 46,050		2,474
46,050 — 46,100		2,477
46,100 — 46,150		2,479
46,150 — 46,200		2,482
46,200 — 46,250		2,485
46,250 — 46,300		2,487
46,300 — 46,350		2,490
46,350 — 46,400		2,493
46,400 — 46,450		2,495
46,450 — 46,500		2,498
46,500 — 46,550		2,501
46,550 — 46,600		2,503
46,600 — 46,650		2,506
46,650 — 46,700		2,509
46,700 — 46,750		2,511
46,750 — 46,800		2,514
46,800 — 46,850		2,517
46,850 — 46,900		2,520
46,900 — 46,950		2,522
46,950 — 47,000		2,525
47,000 — 47,050		2,528
47,050 — 47,100		2,530
47,100 — 47,150		2,533
47,150 — 47,200		2,536
47,200 — 47,250		2,538
47,250 — 47,300		2,541
47,300 — 47,350		2,544
47,350 — 47,400		2,546
47,400 — 47,450		2,549
47,450 — 47,500		2,552

Income for tax table		TAX
More than	But not more than	
\$ 47,500 — \$ 47,550		\$ 2,554
47,550 — 47,600		2,557
47,600 — 47,650		2,560
47,650 — 47,700		2,563
47,700 — 47,750		2,565
47,750 — 47,800		2,568
47,800 — 47,850		2,571
47,850 — 47,900		2,573
47,900 — 47,950		2,576
47,950 — 48,000		2,579
48,000 — 48,050		2,581
48,050 — 48,100		2,584
48,100 — 48,150		2,587
48,150 — 48,200		2,589
48,200 — 48,250		2,592
48,250 — 48,300		2,595
48,300 — 48,350		2,597
48,350 — 48,400		2,600
48,400 — 48,450		2,603
48,450 — 48,500		2,606
48,500 — 48,550		2,608
48,550 — 48,600		2,611
48,600 — 48,650		2,614
48,650 — 48,700		2,616
48,700 — 48,750		2,619
48,750 — 48,800		2,622
48,800 — 48,850		2,624
48,850 — 48,900		2,627
48,900 — 48,950		2,630
48,950 — 49,000		2,632
49,000 — 49,050		2,635
49,050 — 49,100		2,638
49,100 — 49,150		2,640
49,150 — 49,200		2,643
49,200 — 49,250		2,646
49,250 — 49,300		2,649
49,300 — 49,350		2,651
49,350 — 49,400		2,654
49,400 — 49,450		2,657
49,450 — 49,500		2,659
49,500 — 49,550		2,662
49,550 — 49,600		2,665
49,600 — 49,650		2,667
49,650 — 49,700		2,670
49,700 — 49,750		2,673
49,750 — 49,800		2,675
49,800 — 49,850		2,678
49,850 — 49,900		2,681
49,900 — 49,950		2,683
49,950 — 50,000		2,686

THE COMMONWEALTH OF MASSACHUSETTS

Department of Revenue

LEVERETT SALTONSTALL BUILDING

100 CAMBRIDGE STREET

BOSTON, MASSACHUSETTS 02204



*S. Robertson
223 Highland Ave
Somerville Ma 02143*

This label is removable. If it is correct, place it in the name and address area of the return you are filing.

WHERE TO GET HELP AND FORMS

Read these instructions and complete as much of your tax return (and your copy) as possible before seeking assistance. Then take your State Copy of Form W-2 (and/or W-2P) and any other required statements along with your tax returns to any State Tax Office. Office hours are 8:45 A.M. to 5:00 P.M.

In addition, personnel from this department will visit many cities and towns during the filing period to assist you. Notices of the dates, times, and locations—usually the I.R.S. Offices—for assistance will be printed in your newspaper.

As far as practicable, the Commissioner mails forms directly to taxpayers. If you need additional forms or schedules, you may obtain them either by mail or by calling at the Services and Supplies Section, 100 Cambridge Street, Boston, Massachusetts 02204, or at any of the State Tax offices or the U.S. Internal Service Offices located in the Commonwealth. Orders in excess of one ounce will be sent collect.

Location

Boston, 100 Cambridge Street:

Telephone
Number

Forms Supply	727-4392
Income Tax Assistance Second Fl., during filing period . . .	727-4545
Brookline, 486 Forest Avenue	586-4875
Fall River, 1670 President Avenue	678-2844
Fitchburg, 470 Main Street	345-0381
Greenfield, Town Hall, Mon., Wed. & Fri.	773-3671
Hyannis Route 132, Iyanough Road	771-2414
Lowell, 154 Merrimack Street	458-8426
Pittsfield, 74 North Street	499-2206
Salem, 10 Colonial Road	744-0210
Springfield, 436 Dwight Street, 2nd Floor	737-1424
Worcester, 75B Grove Street	753-4763

Massachusetts Income Tax Telephone Numbers In Boston—Area Code 617

Income Tax Information	727-4545
Forms Supply	727-4392
Abatements	727-4314
Bills	727-4545
Corporate Trusts	727-4286
Estimating	727-4483
Federal Changes	727-1385
Fiduciary	727-4521
Installment Sales	727-4289
Non-Residents Information and Bills	727-4545
Partnerships	727-4545
Payments	727-4545
Refunds	727-4471

WHERE TO FILE

If filing by mail and if claiming a REFUND, send your completed return with the required State Copy of Form W-2 from each employer (and/or Form W-2P for withholding from pension or annuity) to: Massachusetts Income Tax, P.O. Box 7000, Boston, Massachusetts 02204. If making a PAYMENT, make check or money order payable to the Commonwealth of Massachusetts and mail your forms and payment to: Massachusetts Income Tax, P.O. Box 7003, Boston, Massachusetts 02204. If claiming a CREDIT on your 1982 ESTIMATED INCOME TAX, mail your Form 1 to: P.O. Box 7007, Boston, Massachusetts 02204.

Mail all other returns to: Massachusetts Income Tax, P.O. Box 7017, Boston, Massachusetts 02204. If filing and paying in person, take your completed return with the required forms and check or money order payment (if any) attached to the Revenue Accounting Bureau, Room 302, 100 Cambridge Street, Boston or to any of the State Tax Offices.

If telephoning for assistance and if you are outside a State Tax Office area and in Massachusetts, please use the Department's toll free number.
1-800-392-6089

1

MASSACHUSETTS DEPARTMENT OF REVENUE RESIDENT INDIVIDUAL INCOME TAX RETURN

1981

Form

For the year January 1-December 31, 1981 or other taxable year beginning		1981 ending		, 19	
Please print or type	First name and initial (if joint return, use first names and middle initials of both)		Last name		Your social security number
	Present home address (Number and street, including apartment number, or rural route)				Spouse's social security number
	City, town or post office, State and ZIP code				Occupation Yours Spouse's

FILING STATUS. Check only one:

- 1 ☐ Single *
- 2 ☐ Married filing joint return (even if only one had income). Both must sign.
- 3 ☐ Married filing separate return. Enter full name of spouse even if she (he) is not filing a return.

(name) _____

\$700 EXEMPTIONS. DEPENDENTS (NOT YOU OR YOUR SPOUSE) AND 65 OR OVER ONLY:

- 4 Dependent children (enter number from U.S. 1040, Line 6c or 1040A, Line 5c)
- 5 Other dependents (enter no. from U.S. 1040, Line 6d or 1040A, Line 5d, not you or spouse)
- 6 Total dependents claimed **not you or spouse** (add Items 4 and 5. Enter in Item 74) . . . 6
- 7 65 or over before 1982: ☐ You. ☐ Your spouse if filing jointly
- 8 Enter number of 65 or over boxes checked 8
- 9 Total for \$700 exemptions (add Items 6 and 8. Enter in Item 49)

* See Instructions

If reporting on the whole dollar method, check box ☐

- 10 Wages, salaries, tips, and other employee compensation* (from U.S. return, Line 7) 10
- 11 Taxable pensions and annuities* (from U.S. Form 1040, Line 15 plus Line 16b. If less*, explain) 11
- 12 Net profit or (loss) from business or profession (from Schedule C, Item 32) 12
- 13 Income or (loss) from partnerships, grantor-type trusts and non-Mass. estates and trusts* (Sched. E, Part II, Item 13) 13
- 14 Interest after Massachusetts exemption* from savings in Massachusetts banks (from Page 2, Item 56) 14
- 15 Rent and royalty income or (loss)* (from Massachusetts Schedule E, Part I, Item 3) 15
- 16 Other* 5% income (winnings, alimony, fees, etc., state sources and amounts) 16
- 17 Total 5% income (add Items 10 through 16) 17
- 18 Total deductions (from Page 2, Item 44) 18
- 19 Total 5% income before exemptions (subtract Item 18 from Item 17. If Item 18 is larger, enter "0") 19
- 20 Total exemptions (from Page 2, Item 52 or as reduced if Form 2, Form 1-NR or part year involved*) 20
- 21 Taxable 5% income (subtract Item 20 from Item 19. If Item 20 is larger enter "0") 21
- 22 Tax* on 5% income including 7½% surtax ☐ The Tax Table, pages 13-15, must be used. If item 21 amount is over \$50,000, multiply by .05375. ☐ Tax from table. X 2 =
- 23 Adjusted gross 10% interest and dividends* (attach Massachusetts Schedule B, if required) 23
- 24 Adjusted gross capital gain (from Massachusetts Schedule D, Item 10 if loss, enter "0") 24
- 25 Total 10% income before exemption (add Items 23 and 24) 25
- 26 Exemption from 10% income, if any* (subtract Item 19 from Item 20. If married, file jointly) 26
- 27 Taxable 10% income (subtract Item 26 from Item 25. If Item 26 is larger, enter "0") 27
- 28 Tax* on 10% income including 7½% surtax ☐ Tax is twice amount shown in the Tax Table. If item 27 is over \$50,000, multiply by .1075. ☐ Tax from table. X 2 =
- 29 Total tax including 7½% surtax before credits (add Items 22 and 28). But if Item 40 No Tax Status applies, enter "0" 29a
- 29a Massachusetts Election Campaign Fund*. Enter your contribution; \$1, or \$2 if filing jointly 29a
- 29b Total tax plus Massachusetts Election Fund contribution (add Items 29 and 29a) 29b
- 30 Massachusetts income tax withheld. Attach Wage and Tax Statements to front* 30
- 31 1981 Massachusetts estimated tax payments (include credit from 1980 return, Item 37) 31
- 32 Credit if total income is \$5,000 or less* (from Page 2, Item 75) 32
- 33 Other: a ☐ Schedule EC, Energy; b ☐ Schedule F; c ☐ Schedule G; d ☐ paid with Extension 33
- 34 Total payments and credits (add Items 30 through 33) 34
- 35 If Item 34 is larger than Item 29b, enter amount OVERPAID 35
- 36 Amount of Item 35 to be REFUNDED TO YOU 36
- 37 Amount of Item 35 to be credited on 1982 ESTIMATED TAX 37
- 38 If Item 29b is larger than Item 34, enter BALANCE DUE. Pay in full with this return 38
- 39 Interest ; Penalty ; M-2210 Penalty ; Total tax
- 40 NO TAX STATUS.* Use only if Total Income is \$3,000 or less if single or \$5,000 or less if married and filing jointly.

☐ My Total Income as reported on Page 2, Item 67 was \$, and therefore I have entered "0" in Item 29.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Sign here

Your Signature

Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Date

Check if self-employed ☐

Preparer's social security no.

Paid Preparer's USE ONLY

Preparer's signature

Firm name (or yours, if self-employed) and address

E.I. No.

Zip code

Make check or money order payable to the Commonwealth of Massachusetts. Write Social Security number on check or money order.

MAIL TO: MASS. INCOME TAX — If making PAYMENT, mail to P.O. Box 7003, Boston, MA 02204. If claiming REFUND, mail to P.O. Box 7000, Boston, MA 02204.

If claiming a CREDIT on your 1982 ESTIMATED INCOME TAX, mail this return to: P.O. Box 7007, Boston, MA 02204

This return is
due on or before
April 15, 1982

PLEASE ATTACH STATE COPY OF FORM W-2 HERE

STAPLE CHECK

STAPLE CHECK

PART I. DEDUCTIONS FROM 5% INCOME

- 41a Payments to Social Security, Railroad, U.S. and Massachusetts retirement systems* 41a
- 41b Rental deduction. Enter amount from Massachusetts Schedule RD, Item 3** 41b
- 42a Moving expense from U.S. Form 1040, Line 22 up to amount reimbursed by employer. Attach U.S. Form 3903 or 3903F** 42a
- 42b Employee business expense from Part 1 only of attached copy of U.S. Form 2106** 42b
- 42c Interest penalty for early withdrawal of savings (from U.S. Form 1040, Line 26)* 42c
- 42d Alimony paid (from U.S. Form 1040, Line 27)* 42d
- 42e Disability income exclusion (from U.S. Form 1040, Line 28)* 42e
- 43a Child under 15, disabled dependent and disabled spouse care expense, enter amount from U.S. Form 2441, Line 9* 43a
- 43b If any dependent member of your household was under age 12 at year end and if you are not claiming a deduction in Item 43a, enter one \$600 amount* First name 43b
- 44 Total deductions from 5% income (add Items 41, 42 and 43. Enter on Page 1, Item 18),

PART II. EXEMPTIONS. If married filing jointly, complete Items 45, 46 and 47 and omit Item 48. If single or married filing separately, start with Item 48.

45 EARNED INCOME COMPUTATION if married filing jointly:

Income Reported on Page 1	From Item	Column A Husband's	Column B Wife's
Wages, salaries, etc.	10		
Pensions, annuities	11		
Business or profession	12		
Partnership, estate, trust	13		
Other earnings, if any*	16		

46 EARNED INCOME (add each col.)

47a If Earned Income of EACH was MORE THAN \$2,000, enter \$4,000. Omit Item 47b 47a

47b If Earned Income of the spouse with the SMALLER AMOUNT was \$2,000 or less (including "0"), enter the SMALLER AMOUNT PLUS \$2,800 BUT NOT MORE THAN \$4,600 47b

48 If single, enter \$2,000; or if married filing separately, enter \$1,000 48

49 Total number of dependents and 65 or over exemptions (from Page 1, Item 9) —X \$700 → 49

50 Medical and dental expenses. Claim only if you have "Excess itemized deductions" on your U.S. Form 1040, Schedule A, Line 41. Enter amount from U.S. Sched. A, Line 10* 50

51 Blindness or adoption fee exemption(s) for you and/or your spouse if filing jointly* 51

52 Total exemptions (add Items 47 through 51. Enter total here. Also enter on Page 1, Item 20 unless the following apply)

Exclude any part of total exemptions used on Forms 2 or 1-NR**

If you were a legal resident for part of the year only, reduce total exemptions to an amount based on the ratio of days*:

Days as a resident _____ X \$ _____ = \$ _____
365

Enter the result on Page 1, Item 20.

PART III. INTEREST INCOME FROM SAVINGS DEPOSITS IN MASSACHUSETTS BANKS.*

Enter only interest credited on savings, NOW, shares or share savings accounts, savings deposits, All-Savers Certificates, etc., in any savings, cooperative or national bank or trust company, savings and loan association, credit union or similar organization located in Massachusetts. List payers and amounts. Report all other interest income and dividends in Schedule B and/or Item 23.*

53		
54	Total interest income listed above	54
55	Massachusetts exemption. If married and filing jointly, enter \$200. If filing separately or if single, enter \$100	55
56	Interest after exemption from savings in Massachusetts banks (subtract Item 55 from Item 54. Enter here and on Page 1, Item 14; but not less than "0")	

PART IV. TOTAL INCOME FOR NO TAX STATUS AND FOR CREDIT PURPOSES***ENTER A LOSS FOR ANY ITEM AS "0".**

57	Total 5% income (from Page 1, Item 17)	57
58	Adjustments to income (Item 42a—42e)	58
59	Subtract Item 58 from Item 57	59
60	Interest exemption used. Enter Item 55 or Item 54, whichever is smaller	60
61	10% interest and dividends (from Page 1, Item 23)	61
62	Capital gain (Mass. Schedule D, Item 10)	62
63	Interest on U.S. obligations*	63
64	Interest from bonds, etc., of Massachusetts or its political subdivisions*	64
65	Income taxed directly to trusts or estates*	65
66	Total income while a non-resident*	66
67	Total Income (add Items 59 through 66). If \$3,000 or less and if single or if \$5,000 or less and if married filing jointly, enter on Page 1, Item 40 and check box	67

If total income is \$5,000 or less, complete Items 68 through 75.

PART V. CREDIT INFORMATION. Answer only if claiming credit in Item 32. See instructions and check each box if it applies.

- 68 ☐ Total income in Item 67 above is \$5,000 or less.
- 69 ☐ I was a Massachusetts legal resident for at least six months during 1981.
- 70 ☐ I was not the dependent of another taxpayer.
- 71 ☐ If married, I am filing a joint return (both must sign).
- 72 ☐ My spouse was not the dependent of another taxpayer.

If boxes 68, 69, 70, and if married 71, are checked, claim a credit.

If box 72 is not checked, do not claim \$4 for your spouse.

73 For you (and your spouse if qualified).

74 For each dependent (from Page 1, Item 6)

75 Add 73 and 74 amounts. If qualified to claim

this credit, enter total amount on Page 1, Item 32.

Number	Per	Amount
73	\$4	
74	\$8	
75		

U-HAUL TRUCK USER'S GUIDE (With Tow Bar Supplement)

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CHECKLIST

- | | |
|---|--|
| ☒ TIRE PRESSURE | ☐ REDUCE SPEED |
| ☐ LIGHTS | ☐ ANTICIPATE BRAKING |
| ☐ OIL | ☐ OVERHEAD CLEARANCE |
| ☐ WATER | ☐ STOP FOR REST OFTEN |
| ☐ GAS | ☐ INSPECT OFTEN |

THE MOST IMPORTANT PART... YOU



Thank you for choosing U-HAUL. We believe the U-HAUL truck is the finest rental truck of its type in the world. **We depend on you to use it safely.**

Your good judgment and common sense are indispensable for a safe journey. Will you use this good judgment to obey all traffic laws? Will you read and follow the suggestions in this booklet on how to load, inspect and drive your truck?

If the answers are yes, then we thank you for your excellent attitude and welcome you to a pleasant and safe move. **Driver error is the single most important cause of truck accidents.**

YOUR TRUCK

DOUBLE CHECK

After a trained U-HAUL Dealer has provided you

with a safety certified truck it is wise for you to double-check a few safety items both before and during your trip.

TIRE PRESSURE

Tires should be inflated to the pressure recommended on the decal located immediately above each wheel. Tire pressures vary between different size trucks and between front and rear tires. For exact required pressures check the decal located above the tire. On dual rear tires remember to check the inside tires.

Never bleed off the pressures below recommended levels. Truck chassis and tires are designed to give you goods the smoothest ride at recommended tire pressures. Incorrect tire pressure will cause uneven ride and poor gas mileage.

Truck tires require use of a heavy duty tire gauge available at larger service stations and truck stops. Check tire pressures when cold. Pressure will increase with heat when traveling. Do not bleed off this excess pressure.



OIL AND WATER

Motor oil should be checked at every gasoline stop. Use only 10-40 wt. detergent, heavy duty (H.D. M.S.) oil.

Radiator water level should be checked only when the engine is cold. The service station attendant has a gauge to check the anti-freeze level which should be maintained at -15° year round.

Save oil and anti-freeze receipts for reimbursement by the receiving U-HAUL Dealer. You will be reimbursed for oil and anti-freeze. Failure to maintain the proper fluid levels can cause engine failure and delay your trip.

LOADING

USE OF LOADING RAMP

WARNING: Do not use or hold loading ramp while vehicle is in motion. Do not put vehicle in motion while loading ramp is extended.

LOAD HEAVY ITEMS FIRST

Load your heaviest items first—up front and on the floor. Load your lightest items last—near the roof and rear. This keeps the center of gravity low and centered between the front and rear wheels, particularly important in four-wheel trucks. Load evenly from side to side. Pack all goods closely and firmly. Secure any partial loads with ropes.

DON'T OVERLOAD

U-HAUL trucks are designed for moving household-type goods. Do not attempt to haul heavy commercial loads as such overloads can cause mechanical failure and delay your journey. Commercial loads (such as wood, foodstuffs, appliances) are heavier than household goods and require that you load your truck no more than a maximum of one-half full. On trucks with the front cab overhang, load only lighter items in this overhang space.

MOVING AIDS

Protect your goods. U-HAUL Dealers can provide you with moving aids such as packing cartons, furniture pads, hand trucks, ropes, locks, tow bar lights. U-HAUL Mover's Guide, U-HAUL Trailer User's Guide, and the U-HAUL Tow Bar User's Guide.

CONTRABAND

It is against the law to carry passengers in the back of any truck including Econolines and Pick-ups. Passengers in the rear risk injury due to shifting cargo, asphyxiation, and lack of collision protection.

Do not transport inflammables such as gasoline or paint thinner. An empty or partially full container is just as dangerous as a full one. Inflammables may explode or ignite through spontaneous combustion brought on by vehicle movement.

Never transport a car or motorcycle inside a truck van box because the vehicle may break loose and crash through the van body or explode or ignite due to spontaneous combustion or other causes.

INSPECTION

WALK-AROUND

Before you start and at each fuel stop walk around the truck, stopping to check each item on the handy checklist in the front of this book. If you hear an unusual noise or suspect trouble stop at a safe place completely off the highway and trace it down. Stop at the nearest U-HAUL Dealer or Ford Dealer immediately, as per "Breakdown" Section following.

DRIVING

GET ACQUAINTED

First, familiarize yourself with the interior of the cockpit and the layout of the controls. Is the seat adjusted to fit your frame? Can you see out the side view mirrors? With seat belt on, test the operation of the brakes, clutch, and gear shift before starting the motor.

Before driving your truck allow the engine several minutes to warm up. This will assure you of smooth operation and increase gas mileage.



45 MILES PER HOUR

All motor vehicles have a speed beyond which adequate emergency control cannot be assured. **The maximum recommended speed for all U-HAUL trucks is 45 m.p.h.** As driving conditions deteriorate you must reduce this maximum recommended speed.

Observe the posted speed limit even if it is less than 45 m.p.h. Please do not be lulled into a false sense of security because your truck drives easily at higher speeds. An emergency road hazard that is avoidable at 45 m.p.h. might become unavoidable at 55 m.p.h. **Excess speed is the second most important cause of truck accidents.**



STOPPING

A truck is heavier than a car and requires more distance to stop. **Allow one truck length between yourself and the vehicle ahead for every 10 m.p.h.**

On downgrades use lower gears and allow engine compression to help hold your truck. Prolonged use of brakes results in overheating and loss of effectiveness. **Failure to brake early is the third most important cause of truck accidents.**

HILLS

When going up hills shift to lower gears so that the motor is not lugging and can turn over easily. When going downhill reduce speed and shift into lower gears before starting down.



Vehicle stability decreases going downhill. Allow for this by decreasing speed. Do not increase speed. Slow down before you go down.

PASSING

Your truck is heavier and longer than a car, requiring more time and distance to pass. Have plenty of clear highway ahead. Never pass on hills or curves.

Passing another vehicle can create an air suction tending to move both vehicles sideways. This danger increases when the speed differential is great or when there are strong crosswinds. The U-HAUL truck requires more turning room than a passenger car. Slow down and make a wider turning arc. Take care, however, to remain in your own lane.

11-FOOT OVERHEAD CLEARANCE

U-HAUL trucks are taller than the normal passenger car. **The U-HAUL six-wheel truck must have eleven (11) foot overhead clearance.**



Watch out for service station canopies, motel overhangs and bridges. Many overhead obstructions are not posted for clearance and require that you first examine the clearance from outside the truck. **Failure to watch for overhangs is the fourth most important cause of truck accidents.**

PARKING

There is a blind spot immediately behind the truck. Before backing up make certain that there are no children or obstructions immediately behind. Reliance on the rear view mirror alone is not sufficient.

When parking always use the parking brake and put the transmission in gear. If your truck has an automatic transmission, put the selector in Park. When parking downhill, turn the front wheels toward the curb. When parking uphill turn the front wheels away from the curb. Never rely on the parking brake alone.

ECONOLINE VANS

Make your first few turns and stops in an Econoline slowly and with caution. Some Econoline drivers have a tendency to turn too sharply and/or brake too late. This is caused by position disorientation due to the forward seating position. As you become more familiar with the Econoline these tendencies will disappear.



Reduce speed in windy conditions. The weight and size characteristics of Econolines make them particularly susceptible to crosswinds. If gusts exceed 30 m.p.h. pull off the road and stop. Keep Econoline passengers out of the rear (cargo) area as they risk injury due to shifting cargo and lack of collision protection.

Persons under age 25 are not permitted to operate U-HAUL 4-wheel vehicles, including Econoline vans.

TRUCKS WITH TRAILERS

If you plan to tow a U-HAUL trailer behind your U-HAUL truck be certain to obtain a U-HAUL Trailer User's Guide from your U-HAUL Dealer for trailer operating instructions. Allow one truck-trailer length between yourself and the vehicle ahead for every 10 m.p.h. Do not exceed 45 m.p.h. speed.

CONSERVE GASOLINE

The U-HAUL truck will naturally use more gasoline than a normal passenger car. Optimum gas mileage is obtained by keeping a steady speed of about 45 m.p.h. Speeds over 45 m.p.h. can cost 25% more gas. Driving full throttle can use 50% more gas. Avoid sudden stops and sudden acceleration.

"PRO" DRIVING TIPS

A disproportionate number of all vehicle accidents occur at night—with a tired driver—exceeding the recommended speed—on a downgrade, wet road or curve

- Don't attempt to drive straight through. Be rested.
- Slow down for downgrades, wet roads, or curves.
- Night drivers have 3 times the fatality rate as day drivers. Do not drive at night.



BREAKDOWN

"GET OFF THE ROAD"

Immediately park your truck in a safe place completely off the highway. Get all occupants out of the truck and away from the roadway. The emergency reflectors are located behind the seat.

If you must continue on the highway to reach a safe place off the road, turn on your emergency flashers. Do not hesitate to drive your truck on a flat tire if this is necessary to reach a safe place completely off the highway. Proceed slowly with flashers on for road friction could ignite the flat tire and cause a fire.

MINOR PROBLEMS

If the mechanical problem is minor and the truck can be safely driven, proceed to your nearest U-HAUL, Ford or General (tires only) dealer. The U-HAUL, Ford, or General dealer will repair the truck and bill U-HAUL Co. as per their respective National Accounts Manual.

Only if you have been unable to contact either a U-HAUL, Ford, or General dealer, then take the truck to the nearest garage or service station. If the repair estimate is less than \$50 proceed with repairs. If the estimate is more than \$50, call Breakdown Assistance. (See page 7.)

MAJOR BREAKDOWNS

If the mechanical problem is a **major** one or if the truck is inoperable or cannot be driven safely, call U-HAUL Breakdown Assistance 1-800-528-0355 toll free. In Arizona or Canada call collect (602) 264-0355. Be prepared to give your exact location, telephone number, truck size, model and vehicle number (on contract).

Breakdown Assistance will contact a local U-HAUL representative who will immediately phone you and do whatever is necessary. Explain your problem as clearly as possible so that he might bring the proper tools and parts.

OUT-OF-POCKET EXPENSES

If you incur out-of-pocket expenses for repair of U-HAUL equipment not due to your own negligence you will be reimbursed. This includes money spent on the truck, tires, lubrication, oil, anti-freeze, emergency road service, towing, and necessary telephone calls.

Obtain an official receipt from the company performing the service, showing the firm name, address, itemization of work and cost. If this is less than \$50, present it to the receiving U-HAUL Dealer and he will reimburse you provided he has the funds available.

If the amount exceeds \$50, write U-HAUL Customer Service, P.O. Box 21502, Phoenix, Arizona 85036. Send them this official receipt and a copy of your truck rental contract. Enclose a brief explanation of the date, location, and circumstances of your mishap.

Partial rental refunds will be made when mechanical failure not due to your own negligence causes premature termination of your move. Send U-HAUL Customer Service a copy of your completed rental contract showing place of truck return and a brief explanation.

SPECIAL STATE CHARGES

U-HAUL pays its fair share of licensing fees in every state in the United States. Regardless of this, occasionally a state will require additional fees such as trip permits and road taxes. These fees are the obligation of the customer and will not be reimbursed by U-HAUL.

FINANCIAL PROTECTION

CHECK YOUR POLICIES

Most automobile and some homeowners insurance policies provide some coverage while you are driving a truck. Check your particular policies for the extent of this coverage.

SAFEMOVE

Play it Safe. Optional SafeMove protection includes Cargo, Life and Medical coverage. SafeMove also covers all accidental damage to U-HAUL equipment. For the complete statement of SafeMove coverage and limits, check the back of the Truck Rental Contract or obtain a SafeMove brochure from your U-HAUL Dealer.

ACCIDENTS

FIRST...

Get all vehicles completely off the road. Get out of the truck. Call the police.

MINOR ACCIDENTS

When there are no injuries and no substantial damage to any vehicle, look in the Yellow Pages of the telephone directory for the nearest U-HAUL Dealer. Tell him where the truck is located, its identification number, size and the extent of the damage. He will arrange to repair or replace the truck and help you reload if necessary.

MAJOR ACCIDENTS

Whenever people are injured or there is substantial damage to any vehicle, immediately telephone 1-800-528-0355 toll free. In Arizona or Canada call collect (602) 264-0355. This telephone is manned 24 hours a day every day of the year. (It is a Hot Line emergency telephone and should only be used after a major accident.) We will immediately arrange to do whatever is necessary under the circumstances to help you. See this page.



REMEMBER

The four most important causes of truck accidents are:

1. Driver error.
2. Excessive speed.
3. Failure to allow sufficient stopping distance.
4. Failure to watch for overhangs.

Thank you for taking the time to read this guide. Our safest wishes, U-HAUL Co.

If you are involved in a **MAJOR** accident **call toll free.**



"HOTLINE" 1-800-528-0355
In Arizona or Canada call collect (602) 264-0355

ACCIDENT ASSISTANCE PHOENIX, ARIZONA

Have the following information available:

1. Rental Contract No. _____
2. Truck Identification No. _____
3. Names of Parties involved _____
4. Location of Accident _____
5. Number Where Calling From _____

U-HAUL® TOW BAR USER'S GUIDE

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✓ CHECKLIST

- ☐ COUPLER HAND-WHEEL TIGHT
- ☐ BUMPER CLAMP NUT TIGHT
- ☐ CHAINS SECURE
- ☐ FRAME CHAIN NUT ADJUSTED
- ☐ TOWING LIGHTS ON
- ☐ REDUCE SPEED
- ☐ ANTICIPATE STOPS
- ☐ STOP FOR REST OFTEN
- ☐ INSPECT OFTEN



THE MOST IMPORTANT PART... YOU



Thank you for choosing U-HAUL. We believe the U-HAUL Tow Bar is the finest rental tow bar in the world. **We depend on you to install and use it safely.**

U-HAUL Dealers are prohibited from installing the U-HAUL Tow Bar themselves. This installation is your responsibility as customer. To facilitate your installation and operation we have prepared the following booklet. Will you read and follow the suggestions in this booklet on how to install, operate, and inspect your tow bar-vehicle combination?

If your answer is YES, then we thank you for your excellent attitude and welcome you to a safe and pleasant tow. **Driver error and installation error are two of the most important causes of tow bar accidents.**

YOUR TOW VEHICLE

U-HAUL TRUCKS

The U-HAUL six-wheel truck may tow the U-HAUL Tow Bar. The U-HAUL Econovan and U-HAUL Pickup Trucks are prohibited from use with the U-HAUL Tow Bar. For operation of the U-HAUL six-wheel truck, consult your U-HAUL Truck User's Guide.

PASSENGER CARS

A passenger car can tow the U-HAUL Tow Bar. **The tow vehicle must always be larger and heavier than the vehicle-in-tow.**

PICKUPS, JEEPS AND ECONOVANS

When towing with a vehicle that is light in the rear, such as an unloaded van or pickup truck, remember that these type vehicles require slow deceleration and the avoidance of panic stops. When towing with a short wheel base, high center of gravity type vehicle, such as a Bronco or Jeep, remember that these type vehicles have different handling characteristics than the normal passenger car and require that you be familiar with these characteristics prior to attaching a vehicle-in-tow.

MIRRORS

State laws require automobiles towing other vehicles to be equipped with mirrors on both sides. Inadequate side mirrors increase driving hazard by limiting rearward vision. If your car is not already so equipped, detachable right and left full view mirrors may be rented from your U-HAUL Dealer.

YOUR VEHICLE-IN-TOW TOW PASSENGER CARS ONLY

U-HAUL Tow Bars shall tow passenger cars only. U-HAUL Tow Bars shall not be used to tow any type of trucks, including pickups and van types, as failure may result. Whatever your vehicle-in-tow may be, it must always be small and lighter than your tow vehicle.

CHECK IT OUT

Vehicle tires should be inflated to manufacturer's recommended pressure and front end alignment checked. Improper tire pressure or improper alignment can cause your vehicle-in-tow to weave. Make certain that the front bumper of your vehicle-in-tow is not torn or cracked and is securely mounted to the car.

REMOVE DRIVESHAFT OF VEHICLE-IN-TOW

In order to prevent the destruction of your vehicle-in-tow's transmission, it is necessary to disconnect and remove its drive shaft. With the engine shut off as in a vehicle-in-tow, there is no oil circulated to the rotating transmission output shaft. This lack of oil will destroy the transmission in about 30 minutes unless the driveshaft is disconnected.

If your car is equipped with a transaxle, consult the car manufacturer for towing instructions. A transaxle utilizing an automatic transmission cannot be towed under any circumstances.

It is not sufficient to merely place the vehicle-in-tow's transmission in neutral. The driveshaft must be disconnected and removed. U-HAUL Dealers are not required to remove or re-install the driveshaft as a part of the rental. However, some Dealers will do this, usually for an additional fee.

KEEP THE STEERING WHEEL FREE

Do not tie down the steering wheel of your vehicle-in-tow or allow anyone to steer the vehicle. If your car is equipped with a steering column lock, make certain that the key is inserted in this lock and that the steering wheel is free to move. If the steering wheel is not free to move, controllability of your vehicle-in-tow will be drastically impaired.

LIGHTING LAWS

Most states require that a vehicle-in-tow be equipped with lights. U-HAUL strongly recommends equipping your vehicle-in-tow with operational stop, turn, and running lights. Low cost, reusable lighting units of this type may be purchased from your U-HAUL Dealer or auto parts store.

The use of vehicle-in-tow parking lights only is not recommended. Parking lights alone make no provision for stopping or turn signals and can go out as they constantly drain the car battery.

PASSENGERS AND CARGO PROHIBITED

Never transport passengers or cargo in a vehicle-in-tow as they might interfere with the free movement of the steering wheel. Passengers run the additional risk of exhaust gas asphyxiation. Carrying passengers or goods is against the law in many states.

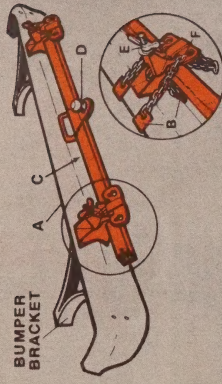
YOUR HITCH

PERMANENT HITCH

If your tow vehicle is equipped with its own hitch, be certain that it is securely attached and that the hitch ball is 2 inches or 2½ inches in diameter. If you wish to install a "permanent" type hitch, a strength rating of Class II is recommended.

U-HAUL CLAMP-ON HITCH

If your tow vehicle is not equipped with its own hitch, a detachable multi-clamp bumper hitch may be rented from your U-HAUL Dealer. Let the Dealer install the hitch for you. Do not attempt yourself to attach or detach the U-HAUL hitch or ball. If you suspect something wrong, contact your nearest U-HAUL representative. The following information is not intended to qualify you to hook up the U-HAUL hitch, but merely to help you recognize trouble spots before they develop.



(A) Make certain the bumper is not cracked and is securely bolted on both sides to the automobile. The bumper is part of your car. We do not warrant it, nor will we pay the cost of repairing it. (B) Make sure top and bottom clamps are secure on the bumper. They should be located at the strongest sections of the bumper near the bumper mounting brackets. (C) Be sure that the hitch cross bar does not contact any bumper guards. (D) The hitch ball should be level and as close to the middle of the bumper as possible. (E) Wing Nuts should be as hand tight as possible. (F) The clamp chains must have one link firmly in the clamp slot and be fastened tight.



YOUR HOOK-UP

YOUR RESPONSIBILITY

U-HAUL Dealers are prohibited from attaching tow bars. It is the responsibility of the U-HAUL customer to attach the tow bar. We have prepared the following instructions for your benefit. Please follow them carefully.

Failure to properly attach the tow bar is the fourth most important cause of tow bar accidents.

U-Haul Tow Bar

Choose a well-lighted level area for your installation. No tools are required. By following instructions carefully, you should be able to attach your tow bar in approximately 45 minutes.

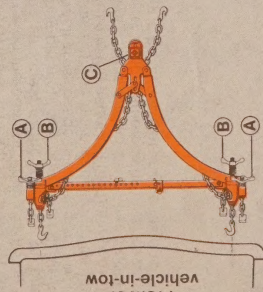
CHECK IT OUT

Examine the tow bar for any bent, cracked or missing parts. If there is any defective or missing part, return the tow bar for an immediate refund or exchange.

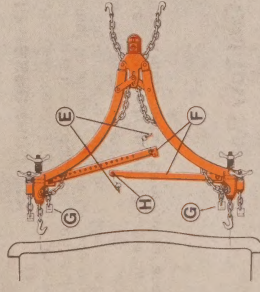
Reconnect the welded spreader pin (H) in the spreader bar hole. Insert the two spreader pins (E). When re-connecting spreader bar (F), keep fingers out of space between the two halves of the bar. Spreader pins (E) must be pushed all the way into holes.



HOOK-UP INSTRUCTIONS



1 Place tow bar on the ground in front of the vehicle to be towed. Loosen the bumper clamp nuts (A), the frame chain tensioner nuts (B), and the coupler handwheel (C) as far as they will go without removing them.

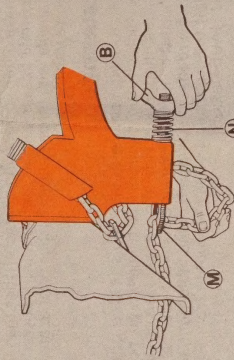


2 Pull the two spreader pins (E) and separate the spreader bar (F). Align the tow bar with the bumper so that the top bumper hooks (G) will be located on a strong section of the bumper. The strongest area on the bumper is usually near the points where the bumper bolts or attaches to the car frame. Some three piece bumpers have a center section which is not as strong as the heavier outer sections.



6 Let out enough slack in the frame chains (L) and pass the chains under the front of the car and hook securely to a frame member. Be sure the hook is solidly anchored in a slot or behind a cross member so it cannot slide forward. Or the frame chains (L) may be attached by looping the chain (L) over the frame and connecting the hook into a link in the chain. It is not sufficient to attach this frame chain to the front bumper; the frame chain must be attached to a frame member.

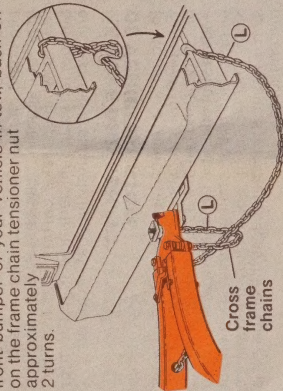
Location and route of frame chains must be identical on both sides of the vehicle. Check chain to be certain it does not interfere with car fuel lines, brake lines, or wiring.



7 Pull the slack out of the frame chains and lock into slot on frame chain tensioner (M).

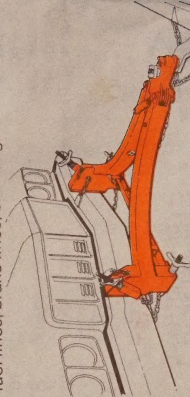
Tighten the frame chain tensioner nut (B) until the take-up spring (N) is completely compressed. If the spring (N) will not fully compress, loosen the chain tensioner nut (B) and pull an additional link through the slot on the frame chain tensioner (M) and retighten the chain tensioner nut (B). Do not tighten the frame chain tensioner nut further once the take-up spring is completely compressed.

If the tightening of the frame chain raises the front bumper of your vehicle-in-tow, back off on the frame chain tensioner nut approximately 2 turns.



8 Pull excess frame chain (L) toward the front of the tow bar through the chain guide. Cross these frame chains and attach to the frame of the towing vehicle. Allow just enough slack in the towing chains for turning. Be sure the chains do not drag on the ground. Be sure the hook is solidly anchored in a slot or behind a cross member so it cannot slide backward. Or the frame chains (L) may be attached by looping the chain (L) over the frame and connecting the hook into a link in the chain. It is not sufficient to attach this frame chain to the rear bumper; the frame chain must be attached to a frame member.

Location and route of frame chains must be identical on both sides of the vehicle. Check chain to be certain it does not interfere with car fuel lines, brake lines, or wiring.



9 Reread these instructions, re-checking each step. Retighten the coupler handwheel and bumper clamp nut. Check the chain tensioner nut to insure that the take-up spring is compressed, but that the front bumper of the vehicle is not raised. Check the proper routing of all chains and the entire tow bar for being level. TEST: Try a short test run of a hundred yards. Check all fittings for adjustment. Check again after the first five miles. Thereafter check every hour.

INSPECTION

Before you start and at each fuel stop, walk around your vehicle combination, stopping to check each item on the handy checklist at the front of this book. **Inspect your tow bar.** If you hear an unusual noise or suspect trouble, stop immediately at a safe place off the highway and trace it down.

Failure to properly inspect the tow bar is the third most important cause of tow bar accidents.



TOWING

"SLO-MO-SHUN"

Everything you do must be done on a "slow motion" basis. Start slowly, drive slowly, stop slowly. Adjust your mind to an overall "slower pace of travel."

FORTY-FIVE MILES PER HOUR

All vehicle combinations have a speed beyond which adequate emergency control cannot be

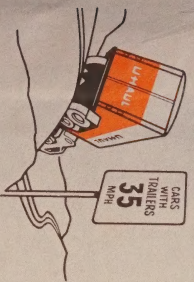
REMEMBER The maximum recommended speed for all U-HAUL tow bar combinations is 45 m.p.h. As road conditions deteriorate you must reduce this maximum recommended speed. Observe the posted speed limit even if it is less than 45 m.p.h.

Please do not be lulled into a false sense of security because your vehicle combination slows easily at high speeds. An emergency road hazard that is avoidable at 45 m.p.h. might be unavoidable at 50 m.p.h. Excess speed is the second most important cause of tow bar accidents.

STOPPING

A vehicle combination is heavier than one vehicle alone and requires more distance to stop. Allow one vehicle combination length between yourself and the vehicle ahead for every 10 m.p.h.

On downgrades, use lower gears and allow engine compression to help hold your vehicle combination. Prolonged use of brakes results in overheating and loss of effectiveness.



HILLS

When going up hills, shift to lower gears so that the motor is not lugging and can turn over easily. When going downhill, reduce speed and shift into lower gears before starting down.

Vehicle stability decreases going downhill. Allow for this by decreasing speed. Slow down before you go down.

PASSING

Your vehicle combination is heavier and longer than your tow vehicle alone, therefore, requiring more time and distance to pass. Have plenty of clear highway ahead. Never pass on hills or curves. Passing another vehicle can create an air suction tending to move both vehicles sideways. This danger increases when the speed differential is great or when there are strong crosswinds.

TURNING

Do not turn a corner immediately after coming to a complete stop. Pull straight ahead a few feet, then make the turn while moving. Too sharp turn could cause the tow bar to bind. Do not apply brakes while turning. Slow down to turning speed before starting your turn.

DO NOT BACK UP

The tow bar is designed for forward motion only.

Choose parking spaces which allow exit by driving directly forward. To avoid damage to your vehicle-in-tow disconnect the tow bar and back both vehicles separately.

NEVER OPERATE AN UNSTABLE VEHICLE AN

Instability of a vehicle combination at low speeds usually increases at higher speeds. Reduce speed immediately but gradually. Steer straight ahead. Never increase speed. Stop at first safe opportunity completely off the highway. Check vehicle-in-tow tire pressure, steering wheel freedom, front end alignment, and tow bar connection. Any instability should now be corrected. If it is not, then have a U-Haul Dealer re-inspect your vehicle combination and/or exchange the tow bar. If problems still persist, something is fundamentally wrong with one of the vehicles. If you cannot correct this problem, discontinue the tow.

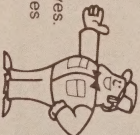
CONSERVE GASOLINE

Your vehicle combination will naturally use more gas than one vehicle alone. Optimum gas mileage is obtained by keeping a steady speed at about 45 m.p.h. Speeds over 45 m.p.h. can cost 25% more gas. Driving "full throttle" can use 50% more gas. Avoid sudden stops and sudden acceleration.

"PRO" DRIVING TIPS

A disproportionate number of all vehicle accidents occur at night—with a tired driver—exceeding the recommended speed—on a downgrade, wet road, or curve.

- Don't attempt to drive "straight through."
- Be rested.
- Slow down for downgrades, wet roads, or curves.
- Night drivers have 3 times the fatality rate as day drivers. Do not drive at night.



BREKDOWN

"GET OFF THE ROAD"

Immediately park your vehicle combination in a safe place completely off the highway. Get all occupants out of the vehicle and away from the roadway.

If you must continue on the highway to reach a safe place off the road, turn on your emergency flashers. Do not hesitate to drive on a flat tire if this is necessary to reach a safe place completely off the highway. Proceed slowly, for road friction could ignite the flat tire and cause a fire.

ASSISTANCE

If there is a problem with the tow bar, look in the Yellow Pages under "Trailer Renting" for the nearest U-Haul Dealer. Tell him your exact location, tow bar model and number, and explain your problem as clearly as possible so that he

might bring the proper tools and parts. He will arrange to repair or replace the tow bar.

If you are unable to contact a U-Haul Dealer, call U-Haul Breakdown Assistance, 1-800-528-0355 toll free. In Arizona or Canada call collect (602) 264-0355. Be prepared to give your exact location, telephone number, tow bar model and number (on contract).

Breakdown Assistance will contact a local U-Haul representative who will immediately phone you and do whatever is necessary.

ACCIDENTS

FIRST...

Get all vehicles completely off the road. Get out of the vehicle.

Call the police.

MINOR ACCIDENTS

When there are no injuries and no substantial damage to any vehicle, immediately telephone 1-800-528-0355 toll free. In Arizona or Canada call collect (602) 264-0355. This telephone is manned 24 hours a day every day of the year. (It is a Hot Line emergency telephone and should only be used after a major accident.) We will immediately arrange to do whatever is necessary under the circumstances to help you. See this page.

MAJOR ACCIDENTS

Whenever people are injured or there is substantial damage to any vehicle, immediately telephone 1-800-528-0355 toll free. In Arizona or Canada call collect (602) 264-0355. This telephone is manned 24 hours a day every day of the year. (It is a Hot Line emergency telephone and should only be used after a major accident.) We will immediately arrange to do whatever is necessary under the circumstances to help you. See this page.

REPORT ALL ACCIDENTS

You can obtain an "Accident Report Form" from any U-Haul Dealer. Your completion and return of this brief form will insure you of prompt action.

FINANCIAL PROTECTION

CHECK YOUR POLICIES

Many auto insurance policies provide some coverage while you are utilizing the U-Haul Tow Bar. In some states the U-Haul truck policy provides some coverage for the U-Haul Tow Bar.

SAFEMOVE

"Play It Safe." Optional SafeMove protection includes Life and Medical coverage. SafeMove also covers all accidental damage to U-Haul equipment. For a more complete statement of SafeMove coverage and limits, check the back of your rental contract or obtain a SafeMove Brochure from your U-Haul Dealer.

REMEMBER

The four most important causes of tow bar accidents are:

1. Driver error.
2. Failure to decrease speed.
3. Failure to inspect.
4. Improper assembly.

Thank you for taking the time to read this guide. Our safest wishes, U-Haul Co.



"HOTLINE" 1-800-528-0355

In Arizona or Canada call collect (602) 264-0355
**ACCIDENT ASSISTANCE
PHOENIX, ARIZONA**

Have the following information available:

1. Rental Contract No. _____
2. Tow Bar Identification No. _____
3. Names of Parties Involved _____
4. Location of Accident _____
5. Number Where Calling From _____

REVISED 1/80 PRINTED IN U.S.A.

TRUCK RENTAL CONTRACT



LOCAL



ONE-WAY

CARD

LOCAL: CUSTOMER'S RECORD OF DEPOSIT
AND AUTHORIZATION TO USE EQUIPMENT
ONE-WAY: CUSTOMER'S OFFICIAL RECEIPT

CUSTOMER'S FULL NAME <i>Shirley R. Williams 2460 NW</i>		DRIVER'S LICENSE NUMBER <i>N3351111</i>		STATE <i>CA</i>	TELEPHONE NUMBER (AREA CODE)
ADDRESS <i>181 Rockwood Way</i>		CITY, STATE, ZIP <i>San Jose CA 95128</i>			
RENTED FROM (CITY AND STATE) <i>West CA</i>		DEALER'S CODE NO. <i>151</i>	SYSTEM MEMBER'S SIGNATURE <i>[Signature]</i>		83210796

EQUIPMENT NUMBER		LOCAL		ONE-WAY			
		OUT	IN	DISPATCHING	RECEIVING		
TRUCK		RATE	PER		DAYS ALLOWED	EXTRA DAYS RATE	EXTRA DAYS USED
<i>347-1940072K</i>		\$		\$	<i>10</i>	\$	<i>X</i>
HAND TRUCK		\$		\$	MILES ALLOWED	EXTRA MILEAGE RATE	EXTRA MILES USED
<i>3117K1900</i>		\$		\$	<i>200</i>	\$	<i>X</i>
TOW BAR		\$		\$	MISSING EQUIPMENT		THIS DOES NOT CONSTITUTE A SALE
<i>110571620018</i>		\$		\$			
		\$		\$	TOTAL OF ABOVE		\$
FURNITURE PADS RENTED	NO. DOZ.	\$		\$	SALES TAX		\$
<i>SAFE MOVE*</i>	CUSTOMER INITIALS ACCEPTS/REJECTS	\$		\$	GAS REFILL		\$
(TERMS & CONDITIONS ON REVERSE)							
MILEAGE (LOCAL ONLY)		¢	MILE	\$	TOTAL ADDITIONAL CHARGES		\$
MISSING EQUIPMENT	THIS DOES NOT CONSTITUTE A SALE		\$		OIL EXPENSE (ATTACH RECEIPTS)	DEPOSIT PAID AT ORIGIN	TOTAL REFUND CREDITS
					\$	\$	\$
TOTAL OF ABOVE			\$	\$	AMOUNT		
SALES TAX			\$	\$	☐ COLLECTED ☐ REFUNDED		CUSTOMER INITIALS \$
** SALES ITEMS FROM BELOW			\$	\$	RECV. DLR. CODE NO.		RECEIVING DEALER'S SIGNATURE
GAS REFILL	GALLONS	\$			DATE		TIME OR TIME STAMP
							AM PM
TOTAL CHARGES		TOTAL AMOUNT INCLUDING MILEAGE WHICH YOU PAID FOR THIS RENTAL		\$	TIME		
				\$			
DEPOSIT PAID	PREVIOUSLY \$	TODAY	CREDIT CD. HELD	TOTAL DEPOSIT	DEPOSIT		
				\$	\$		
AMOUNT		CUSTOMER INITIALS		\$	TOTAL COLLECTED		
				\$	\$		
☐ COLLECTED ☐ REFUNDED		☐ CASH ☐ CREDIT CARD					

DEPOSIT WILL NOT BE RETURNED
UNTIL ALL EQUIPMENT RENTED
HAS BEEN TURNED IN.

MISSING EQUIPMENT WILL BE CHARGED
AT REPLACEMENT VALUE.

NO REFUND FOR UNUSED MILES.

ALL GAS MUST BE FURNISHED BY CUSTOMER
(OIL & ANTIFREEZE REFUNDED ON PRESENTATION OF RECEIPT)

I ACKNOWLEDGE RECEIPT OF ALL EQUIPMENT LISTED ON THIS
CONTRACT AND THE ATTACHED CUSTOMER USER'S GUIDE. I HAVE
READ AND AGREE TO THE TERMS ON BOTH SIDES OF THIS AGREEMENT.

CUSTOMER'S SIGNATURE

RENTAL CONTRACT TERMS AND CONDITIONS

1. WHEREVER USED HEREIN, THE TERM "TRUCK" SHALL INCLUDE ANY U-HAUL EQUIPMENT RENTED IN CONJUNCTION WITH THE TRUCK, INCLUDING A TRAILER OR A TOW BAR.
2. THE CUSTOMER UNDERSTANDS AND AGREES THAT THE TRUCK AND/OR OTHER EQUIPMENT DESCRIBED IN THIS CONTRACT REMAINS THE PROPERTY OF LESSOR AND THAT DAMAGE BY THE CUSTOMER TO SAID EQUIPMENT, TO THE TRUCK OR WITHIN THE TIME PROVIDED IN THIS CONTRACT MAY CONSTITUTE A CRIME AND SUBJECT CUSTOMER TO CRIMINAL PROSECUTION.
3. CUSTOMER ACKNOWLEDGES THAT HE HAS EXAMINED SAID TRUCK AND/OR OTHER EQUIPMENT AND KNOWS THE CONDITION THEREOF, AND THAT THE SAME IS IN GOOD CONDITION AND REPAIR, AND THAT CUSTOMER WILL RETURN THE SAME IN THE SAME GOOD CONDITION WHEN RECEIVED, ORDINARY WEAR AND TEAR EXCEPTED, AND TO REPAIR AND REPLACE LOST, STOLEN, DAMAGED OR BROKEN PARTS OR TO REIMBURSE LESSOR THEREFOR, TOGETHER WITH ANY HAULING EXPENSE INCURRED BY REASON OF CUSTOMER'S USE OF SAID TRUCK, REGARDLESS OF THE PARTY AT FAULT, CUMULATIVE AND ANY OTHER AGREE TO BE RESPONSIBLE FOR DAMAGE TO SAID TRUCK RESULTING FROM COLLISION OR OTHER ACCIDENT. HOWEVER, BY INDICATING ACCEPTANCE BY HIS INITIALS IN THE SPACE PROVIDED IN THIS AGREEMENT, CUSTOMER AGREES TO PAY A SAFEMOVE FEE AND LESSOR AGREES TO WAIVE ALL CLAIMS AGAINST CUSTOMER FOR DAMAGE BY COLLISION OR OTHER ACCIDENT TO THE VEHICLE WHILE IT IS USED, OPERATED OR DRIVEN IN CONFORMITY WITH THIS AGREEMENT.
4. LESSOR SHALL HAVE A LIEN ON THE CUSTOMER'S PROPERTY TRANSPORTED IN SAID TRUCK, FOR ALL CHARGES AND EXPENSES INCURRED BY THE LESSOR UNDER THE TERMS OF THIS CONTRACT, INCLUDING THOSE CAUSED BY DAMAGE TO OR DESTRUCTION OF SAID TRUCK, AND TO FURNISH LESSOR UPON DEMAND WITH A WRITTEN STATEMENT DESCRIBING THE PROPERTIES AND SETTING FORTH ITS ACTUAL CASH VALUE. LESSOR SHALL HAVE THE RIGHT TO EXECUTE THIS LIEN AFTER REASONABLE EFFORT OF NOTICE TO CUSTOMER ADVISING OF THE INTENT AND DATE OF SAID EXECUTION.
5. CUSTOMER AGREES THAT HE WILL NOT USE SAID TRUCK FOR THE TRANSPORTATION OF PERSONS OR PROPERTY FOR HIRE OR FOR THE TRANSPORTATION OF ANY INTOXICATING LIQUORS OR OTHER CONTRABAND OR CAUSE OR PERMIT THE SAME TO BE USED IN VIOLATION OF ANY MUNICIPAL, COUNTY, STATE OR FEDERAL LAW, ORDINANCE OR REGULATION, AND TO PAY ANY TAX, FINE OR LICENSE FEE LEVIED BY REASON OF HIS USE OF SAID TRUCK.
6. CUSTOMER AGREES TO PAY ANY CITATIONS, FINES, EQUIPMENT DAMAGES OR OTHER COSTS RESULTING FROM THE TRUCK BEING LOADED TO EXCESS OF ITS REGISTERED WEIGHT.
7. CUSTOMER UNDERSTANDS AND AGREES THAT ANY SUBLEASE OR RELETTING OF THE TRUCK OR OTHER RENTAL EQUIPMENT IS PROHIBITED AND THAT ANY SUCH SUBLEASE OR RELETTING SHALL IMMEDIATELY CAUSE TERMINATION AND CANCELLATION OF THIS CONTRACT.
8. THIS VEHICLE IS COVERED BY A LIABILITY INSURANCE POLICY WHICH PROVIDES COVERAGE TO THE CUSTOMER AGAINST BODILY INJURY AND PROPERTY DAMAGE CLAIMS WITH LIMITS OF LIABILITY UP TO THE REQUIREMENTS OF THE STATE FINANCIAL RESPONSIBILITY LAW OR OTHER APPLICABLE STATUTE AFFECTING RENTAL MOTOR VEHICLES IN THE STATE IN WHICH THE ACCIDENT MAY OCCUR. THIS COVERAGE SHALL APPLY AS EXCEPTED COVERAGE, EXCEPT TO THAT PERSON OR ORGANIZATION, HIS AGENTS OR HIS EMPLOYEES, IF THERE IS OTHER VALID AND COLLECTIBLE INSURANCE APPLICABLE TO THE SAME LOSS COVERING SUCH PERSON OR ORGANIZATION AS A NAMED INSURED WITH LIMITS AT LEAST EQUAL TO THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE IN WHICH THE ACCIDENT OCCURS, OR CLAIM IS BROUGHT. (THIS SECTION SHALL NOT APPLY IF IT IS CONTRARY TO ANY LAW, STATUTE OR PUBLIC POLICY OF THE JURISDICTION IN WHICH THE ACCIDENT OCCURS OR CLAIM IS BROUGHT).
9. CUSTOMER SHALL ASSUME LIABILITY FOR ANY AND ALL DAMAGE OR LOSS TO PERSONAL PROPERTY TRANSPORTED IN SAID TRUCK, INCLUDING DAMAGE OR LOSS CAUSED BY FIRE, WATER, THEFT OR COLLISION. CUSTOMER FURTHER SHALL ASSUME FULL RESPONSIBILITY FOR ANY ADDITIONAL EXPENSES INCURRED BY REASON OF A BREAKDOWN OF SAID TRUCK, WHETHER OR NOT CAUSING A DELAY EN ROUTE, INCLUDING STORAGE, FORWARDING COSTS AND SUBSISTENCE EXPENSES.
10. CUSTOMER AGREES THAT LESSOR HAS THE RIGHT TO TERMINATE THIS AGREEMENT AT ANY TIME AND RETAKE POSSESSION OF SAID TRUCK AND FOR SAID PURPOSE LESSOR MAY ENTER UPON THE PREMISES OF THE CUSTOMER WITHOUT BECOMING LIABLE FOR TRESPASS.
11. CUSTOMER SHALL PAY FOR ANY MECHANICAL DAMAGE TO THE TRUCK CAUSED BY CUSTOMER'S FAILURE TO MAINTAIN ADEQUATE ENGINE OIL PRESSURE, OR BY REASON OF ANY OTHER NEGLECT OF NECESSARY SERVICING OR MAINTENANCE OF SAID TRUCK WHILE UNDER HIS CUSTODY OR CONTROL.
12. CUSTOMER SHALL OBTAIN AND PAY FOR ANY NECESSARY TRIP PERMITS, LICENSES OR SPECIAL FEES, OR TAXES REQUIRED BY ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW, ORDINANCE OR REGULATION, AS MAY BE NECESSARY BY REASON OF CUSTOMER'S USE OF SAID TRUCK INTO OR THROUGH ANY AREAS REQUIRING SUCH SPECIAL PERMITS, LICENSES OR FEES, OR BY REASON OF CUSTOMER'S USE OF SAID TRUCK FOR ANY PURPOSE OTHER THAN THE TRANSPORTATION OF CUSTOMER'S NONCOMMERCIAL PERSONAL PROPERTY.
13. CUSTOMER EXPRESSLY AGREES TO PAY LESSOR ON DEMAND A MILEAGE CHARGE COMPUTED AT THE RATES SPECIFIED FOR MILEAGE TRAVELED BY SAID VEHICLE EXCESS OF THE "MILES ALLOWED" ON THE REVERSE.
14. CUSTOMER SHALL NOT DISCONNECT OR TAMPER WITH THE ODOMETER OR SPEEDOMETER AND IF THE SAME SHALL SHOW SIGNS OF HAVING BEEN TAMPERED WITH OR DISCONNECTED, CUSTOMER SHALL, AT THE OPTION OF THE LESSOR, PAY THE LESSOR FOR SAID TRUCK AT THE WITHIN SPECIFIED MILEAGE RATE ON THE BASIS OF 40 MILES FOR EACH HOUR SAID TRUCK WAS IN CUSTOMER'S POSSESSION.
15. ANY DEPOSIT GIVEN BY CUSTOMER SHALL BE APPLIED TO AND GUARANTEE THE FAITHFUL PERFORMANCE OF ALL THE PROVISIONS OF THIS AGREEMENT, AND FOR ALL SUMS WHICH NOW OR HEREINAFTER ARE DUE, AND FOR ALL DAMAGES AND EXPENSES NECESSARY TO SAID TRUCK, IF ANY ACTION IS BROUGHT TO ENFORCE ANY OF THE TERMS OR CONDITIONS OF THIS AGREEMENT, OR TO RECOVER ANY SUMS DUE HEREUNDER, CUSTOMER AGREES TO PAY ALL ATTORNEY'S FEES, COURT COSTS, OR OTHER EXPENSES.
16. CUSTOMER UNDERSTANDS AND AGREES THAT RENTALS INTO ALASKA AND MEXICO ARE PROHIBITED.

MEMORANDUM OF INSURANCE

THIS MEMORANDUM IS EFFECTIVE WHEN THE SAFEMOVE ACCEPTANCE BOX HAS BEEN INITIALED AND THE PROPER PREMIUM PAID. U-HAUL IS THE GROUP POLICYHOLDER AND

HEREBY CERTIFIES THAT THE RENTER AND ANY PASSENGER ARE INSURED FOR THE PERIOD OF THE U-HAUL RENTAL AGREEMENT SUBJECT TO ALL TERMS AND CONDITIONS OF THE FOLLOWING GROUP MASTER POLICIES: UH-1975 OLD REPUBLIC LIFE INSURANCE COMPANY UH-19750 AND UH-19751 OLD REPUBLIC INSURANCE COMPANY; UH-1975 OLD REPUBLIC LLOYD'S OF TEXAS (IN TEXAS ONLY). COPIES OF THE POLICIES MAY BE INSPECTED AT THE U-HAUL RENTAL OFFICE. IMPORTANT PROVISIONS OF THE POLICIES ARE SUMMARIZED BELOW. BUT THE MASTER POLICIES ALONE ARE THE CONTRACTS UNDER WHICH INSURANCE IS OFFERED AND CLAIM OR BENEFIT PAYMENTS WILL BE MADE.

ACCIDENTAL DEATH AND MEDICAL EXPENSE: UH-1975

A. BENEFITS

RENTER: ACCIDENTAL DEATH BENEFIT: \$10,000
ACCIDENT MEDICAL EXPENSE BENEFIT: \$500 FOR ELIGIBLE EXPENSES AS STATED IN THE MASTER POLICY.
PASSENGER: ACCIDENTAL DEATH BENEFIT: \$5,000
ACCIDENT MEDICAL EXPENSE BENEFIT: \$500 FOR ELIGIBLE EXPENSES AS STATED IN THE MASTER POLICY.
PASSENGERS ARE INSURED ONLY WHILE RIDING WITHIN THE PASSENGER COMPARTMENT OF THE MOTOR VEHICLE USED AS OR IN CONNECTION WITH RENTAL EQUIPMENT.

B. EXCLUSIONS

THERE IS NO COVERAGE FOR DEATH OR INJURY RESULTING FROM:
(1) INTOXICANTS, DRUGS, OR NARCOTICS
(2) INTENTIONALLY SELF-INFLICTED INJURY
(3) COMMITTING OR ATTEMPTING TO COMMIT A CRIMINAL ACT
(4) ANY RACE OR SPEED CONTEST
(5) ANY CAUSE, IF THE RENTER CONVERTS THE U-HAUL EQUIPMENT

CARGO INSURANCE: UH-19750 AND UH-19752

TRUCK RENTER'S INTEREST IN CARGO WHILE PHYSICALLY WITHIN THE RENTER'S TRUCK IS COVERED AGAINST ALL RISKS OF DIRECT LOSS OR DAMAGE FOR:
(1) \$10,000 LESS A \$100 DEDUCTIBLE ON ONE-WAY RENTALS
(2) \$10,000 LESS A \$100 DEDUCTIBLE ON ROUND TRIP (LOCAL) RENTALS
EXCEPT AS OTHERWISE EXCLUDED.

B. EXCLUSIONS

THERE IS NO COVERAGE FOR LOSS OR DAMAGE TO CARGO RESULTING FROM:
(1) THEFT, BURGLARY, ROBBERY OR MYSTERIOUS DISAPPEARANCE
(2) LOSS OR DAMAGE CAUSED BY IMPROPER PACKING, LEAKAGE, BREAKAGE, SHIFTING, INJURY AND/OR DAMAGE TO CARGO BY COLLISION, DRYING OF ATMOSPHERE, EXTREMES OF CHANGES OF TEMPERATURE, SHRINKING, EVAPORATION, LOSS OF WEIGHT, RUST, CONTAMINATION, CHANGES IN FLAVOR OR COLOR OR TEXTURE OR FINISH, UNLESS LOSS OR DAMAGE IS CAUSED DIRECTLY BY COLLISION, FIRE, LIGHTNING, WINDSTORM, HAIL, EXPLOSION, RIOT OR CIVIL COMOTION, FLOOD, VANDALISM OR MALICIOUS MISCHIEF
(3) INTERRUPTION OF BUSINESS OR OTHER CONSEQUENTIAL LOSS BEYOND ACTUAL PHYSICAL DAMAGE TO PROPERTY INSURED
(4) ALL EXCLUSIONS PERTINENT TO ACCIDENTAL DEATH AND MEDICAL EXPENSE IN UH-1975
(5) LOSS OR DAMAGE TO ACCOUNTS, BILLS, CURRENCY, FURS, ANTIQUES, EVIDENCE OF DEBT, SECURITIES, MONEY, NOTES, JEWELRY AND SIMILAR VALUABLES, PAINTINGS, STATUARY AND OTHER WORKS OF ART, VEHICLES AND CONTRABAND ITEMS
(6) DEATH OR DESTRUCTION OF LIVESTOCK OR ANIMALS UNLESS DEATH OR DESTRUCTION IS CAUSED BY COLLISION, FIRE, LIGHTNING, WINDSTORM, HAIL, EXPLOSION, RIOT OR CIVIL COMOTION, FLOOD, VANDALISM OR MALICIOUS MISCHIEF
(7) ACCIDENT OCCURRING DURING LOADING OR UNLOADING

C. VALUATION OF CLAIM

THIS IS AN ACTUAL CASH VALUE INSURANCE WHICH MEANS THAT LOSS OR DAMAGE TO PROPERTY SHALL BE DETERMINED WITH A PROPER DEDUCTION FOR DEPRECIATION AND ACTUAL CASH VALUE MAY NEVER EXCEED THE COST TO REPAIR OR REPLACE WITH LIKE KIND AND QUALITY.

D. OTHER INSURANCE, ASSIGNMENT, SUBROGATION

(1) THIS INSURANCE IS PRIMARY AND OTHER INSURANCE SHALL BE EXCESS.
(2) NO ASSIGNMENT MAY BE MADE OF THIS INSURANCE.
(3) IN THE EVENT OF ANY PAYMENT UNDER THIS INSURANCE THE POLICY ISSUING COMPANY SHALL BE SUBROGATED TO THE INSURED'S RIGHTS OF RECOVERY AND THE INSURED SHALL COOPERATE WITH THE COMPANY AND DO NOTHING TO PREJUDICE SUCH RIGHTS OF SUBROGATION.

REPORT AND PAYMENT OF CLAIMS

A. REPORT ALL CLAIMS TO:

U-HAUL CO., P.O. BOX 21502, PHOENIX, ARIZONA 85036 DESCRIBING IN DETAIL THE LOCATION, CAUSE, NATURE AND EXTENT OF LOSS AND YOUR PRESENT ADDRESS. PLEASE INCLUDE A COPY OF YOUR RENTAL CONTRACT.
CARGO INSURANCE CLAIMS MUST BE REPORTED IN WRITING WITHIN NINETY (90) DAYS FROM THE DATE OF LOSS.
ACCIDENTAL DEATH AND MEDICAL EXPENSE CLAIMS MUST BE REPORTED IN WRITING WITHIN ONE (1) YEAR AFTER THE ACCIDENT GIVING RISE TO THE CLAIM.
FAILURE TO GIVE NOTICE OF CLAIM WITHIN THE REQUIRED TIME PERIODS SHALL INVALIDATE THE CLAIM.

B. CLAIMS PAYMENTS

CLAIMS FOR LOSS OR BENEFITS UNDER THESE POLICIES SHALL BE PAID TO INSURED AND RENTER AS THEIR INTERESTS MAY APPEAR.

MAJOR ACCIDENT ASSISTANCE

IF YOU ARE INVOLVED IN AN ACCIDENT IN WHICH PEOPLE ARE INJURED OR THERE IS SUBSTANTIAL DAMAGE TO ANOTHER VEHICLE OR THE VEHICLE HAS UPSET, IMMEDIATELY PHONE (TOLL FREE) 1-800-528-0355, OR IN ARIZONA OR CANADA PHONE COLLECT (602) 264-0355. THESE PHONES ARE AVAILABLE 24 HOURS A DAY. U-HAUL CO. WILL IMMEDIATELY ARRANGE TO DO WHATEVER IS NECESSARY UNDER THE CIRCUMSTANCES TO HELP YOU.

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Bonanza
BUS LINES INC.

PROVIDENCE RI
Boston MA

FARE THANKS FOR GOING BONANZA F

295 CHILD

IDENTIFICATION CHECK

ISSUING CARRIER WILL BE RESPONSIBLE ONLY FOR TRANSPORTATION ON ITS OWN LINES, in accordance with tariff regulations and limitations, AND ASSUMES NO RESPONSIBILITY FOR ANY ACTS OR OMISSIONS OF OTHERS OCCURRING WITHIN OR OUTSIDE THE UNITED STATES except as imposed by law with respect to baggage. Seating aboard vehicles operated in interstate or foreign commerce is without regard to race, color, creed, or national origin. ONE WAY FARES LIMITED TO 2 MONTHS. ROUND TRIP FARES LIMITED TO 1 YEAR. SPECIAL FARES LIMITED AS ENDORSED.

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Bonanza
BUS LINES INC.

PROVIDENCE RI
Boston MA

FARE THANKS FOR GOING BONANZA F

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IDENTIFICATION CHECK

ISSUING CARRIER WILL BE RESPONSIBLE ONLY FOR TRANSPORTATION ON ITS OWN LINES, in accordance with tariff regulations and limitations, AND ASSUMES NO RESPONSIBILITY FOR ANY ACTS OR OMISSIONS OF OTHERS OCCURRING WITHIN OR OUTSIDE THE UNITED STATES except as imposed by law with respect to baggage. Seating aboard vehicles operated in interstate or foreign commerce is without regard to race, color, creed, or national origin. ONE WAY FARES LIMITED TO 2 MONTHS. ROUND TRIP FARES LIMITED TO 1 YEAR. SPECIAL FARES LIMITED AS ENDORSED.

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FROM

SOMERVILLE HOSPITAL
230 HIGHLAND AVE
SOMERVILLE MASS 02143

780

491

3422

FIRST CLASS MAIL

TO Important Tax
Document Enclosed

MARJORIE F RAGONA

223 HIGHLAND AVE
SOMERVILLE MA 02143

OPEN CAREFULLY

Copy 1 For State, City, or Local Tax Department
Employee's and employer's copy compared.

1 Control Number 01-042436-3		2 Employer's name, address, and ZIP code ST JOHNS HOSPITAL OXNARD 333 NORTH F. STREET OXNARD, CALIFORNIA 93030 001729		3 Employer's identification number 95-1642383		4 Employer's State number 95-00146-1	
5 Stat. emp. ☐		6 * ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ 942 emp. ☐ Sub-total ☐ Cor- rection ☐ Void		7 Advance EIC payment		8 Employee's social security number 126-22-6194	
9 Federal income tax withheld 1004.14		10 Wages, tips, other compensation 6842.33		11 FICA tax withheld 426.51		12 Employee's name (first, middle, last) MARJORIE F. RAGUNA	
13 FICA wages 6413.69		14 FICA tips		15 Employee's address and ZIP code 481 ROCKMAN PLACE PORT HUENEME CA 93041		16 Other comp. gross 186.89	
17 State income tax 186.89		18 State wages, tips, etc. 6842.33		19 Name of State CA		20 Local income tax CASDI 38.48	
21 Local wages, tips, etc.		22 Name of locality		23 FICA wages		24 FICA tips	
25 Other comp. gross		26 Excludable meals & lodging		27 Excludable sick pay		28 State unemployment insurance	
29 State unemployment insurance		30 State wages, tips, etc.		31 State unemployment insurance		32 State unemployment insurance	
33 State unemployment insurance		34 State unemployment insurance		35 State unemployment insurance		36 State unemployment insurance	

1 Control Number 81-0412436-3		22222	
2 Employer's name, address, and ZIP code ST JOHNS HOSPITAL OXNARD 333 NORTH F. STREET OXNARD, CALIFORNIA 93030 001729		3 Employer's identification number 95-1642383	
4 Employer's State number 95-00146-1		5 Stat. emp. ☐	
6 * ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ 942 emp. ☐ Sub-total ☐ Cor- rection ☐ Void		7 Advance EIC payment	
8 Employee's social security number 126-22-6194		9 Federal income tax withheld 1004.14	
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18 State wages, tips, etc. 6842.33		19 Name of State CA	
20 Local income tax CASDI 38.48		21 Local wages, tips, etc.	
22 Name of locality		23 FICA wages	
24 FICA tips		25 Other comp. gross	
26 Excludable meals & lodging		27 Excludable sick pay	

Form W-2 Wage and Tax Statement 1981
36-1894725

Copy A For Social Security Administration
Do NOT Cut or Separate Forms on This page

Department of the Treasury-IRS
* See Instructions for Forms W-2 and W-2P

1981		Wage and Tax Statement	
2 Employer's name, address, and ZIP code SOMERVILLE HOSPITAL 230 HIGHLAND AVE SOMERVILLE MASS 02143		3 Employer's identification number 04-2103852	
4 Co. Group 495		5 Stat. emp. ☐	
6 Group Term Life Ins. Included in Box 10		7 Advance EIC payment	
8 Employee's social security number 126-22-6194		9 Federal income tax withheld 130.83	
10 Wages, tips, other compensation 3116.85		11 FICA tax withheld 202.37	
12 Employee's name, address, and ZIP code MARJORIE F RAGUNA 223 HIGHLAND AVE SOMERVILLE MA 02143		13 FICA wages 3042.57	
14 FICA tips		15 State unemployment insurance W-2	
16 State unemp/dis w/h		17 State income tax 63.12	
18 State wages, tips, etc. 3116.85		19 Name of State MASS	
20 Local income tax		21 Local wages, tips, etc.	
22 Name of locality		23 FICA wages	
24 FICA tips		25 Other comp. gross	
26 Excludable meals & lodging		27 Excludable sick pay	

1. Name of the person to whom the check is payable		2. Amount of the check	
3. Name of the bank or other institution to which the check is payable		4. Date of the check	
5. Name of the person who has signed the check		6. Signature of the person who has signed the check	
7. Name of the person who has cashed the check		8. Signature of the person who has cashed the check	
9. Name of the person who has deposited the check		10. Signature of the person who has deposited the check	
11. Name of the person who has endorsed the check		12. Signature of the person who has endorsed the check	
13. Name of the person who has received the check		14. Signature of the person who has received the check	
15. Name of the person who has returned the check		16. Signature of the person who has returned the check	

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9. Name of the person who has deposited the check		10. Signature of the person who has deposited the check	
11. Name of the person who has endorsed the check		12. Signature of the person who has endorsed the check	
13. Name of the person who has received the check		14. Signature of the person who has received the check	
15. Name of the person who has returned the check		16. Signature of the person who has returned the check	

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FARE THANKS FOR GOING BONANZA

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IDENTIFICATION CHECK

ISSUING CARRIER WILL BE RESPONSIBLE ONLY FOR TRANSPORTATION ON ITS OWN LINES, in accordance with tariff regulations and limitations, AND ASSUMES NO RESPONSIBILITY FOR ANY ACTS OR OMISSIONS OF OTHERS OCCURRING WITHIN OR OUTSIDE THE UNITED STATES except as imposed by law with respect to baggage. Seating aboard vehicles operated in interstate or foreign commerce is without regard to race, color, creed, or national origin. ONE-WAY FARES LIMITED TO 2 MONTHS. ROUND TRIP FARES LIMITED TO 1 YEAR. SPECIAL FARES LIMITED AS ENDORSED.

ENDORSEMENTS

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NOTICE OF
BAGGAGE
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CHECK
IDENTIFICATION CHECK
PASSENGERS WHO VALUE THEIR BAGGAGE AT MORE THAN THE
MINIMUM FREE INSURANCE ALLOWANCE MAY PURCHASE AD-
DITIONAL INSURANCE UP TO THE MAXIMUM ALLOWED BY
TARIFF REGULATIONS. PLEASE CONSULT YOUR TICKET OR BAGGAGE
AGENT FOR DETAILS.

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BOSTON MA
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MASSACHUSETTS RESIDENT INCOME TAX INSTRUCTIONS, FORM 1 AND SCHEDULES B, D, E, F AND RD FOR 1981

A SPECIAL MESSAGE TO TAXPAYERS

The Massachusetts income tax law has many definitions of income and other items that are the same as for the United States income tax. For most taxpayers the kinds and amounts of income to be reported are identical. The Massachusetts income tax returns and instructions refer, in many cases, to specific lines on the U.S. income tax returns for certain income and deduction amounts and numbers of dependents. The Massachusetts returns also emphasize the differences: such as—deduction and exemption items, no tax status, Massachusetts Election Campaign Fund, "sales tax" credit, and the kinds of income that are taxed at 5% and at 10%. NOTE: Massachusetts income tax law references to the United States Internal Revenue Code apply to such Code as amended on November 6, 1978. Code changes since then do not apply.

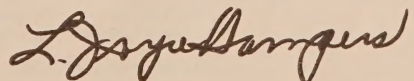
Form 1 is now the only Massachusetts tax return for individual income taxpayers. The card Form 1A has been abolished. Space is needed for hundreds of thousands of taxpayers to claim and substantiate the new, limited rent payment deduction for a principal residence. Taxpayers who used Form 1A for their 1980 income and who had similar sources of income during 1981 should complete the applicable items on the front and back of Form 1. A tax table for taxable incomes up to \$50,000 starts on page 13 of these instructions. Any taxpayer claiming the limited rent deduction must complete Schedule RD on the back of Schedule B.

FIRST, COMPLETE YOUR U.S. FORM 1040 (1040A). Then, you should read the Massachusetts form and instructions for a general understanding of our income tax. Next, study the instructions for each item as you complete your copy of Form 1.

NOTICE — UNDERGROUND ECONOMY INCOME—You must include all income you receive in the form of money, property and services if it is not specifically exempt. Report property (goods) and services income at their fair market values. Examples include income from bartering or swapping transactions, side commissions, kickbacks, rent paid in services, illegal activities (such as stealing, drugs, etc.), cash skimming by proprietors and tradesmen, "moonlighting" services, gambling, prizes and awards. Not reporting such income can lead to prosecution for perjury and fraud.

MISTAKES DELAY REFUNDS and increase costs. **YOU** can prevent a mistake. Please prepare your tax return carefully. Seek assistance if necessary. Filing early and accurately results in a prompt refund. Be certain to:

1. Check Social Security Number(s), Name(s), Address and Zip Code. Complete all items that apply.
2. Do not count yourself or your spouse as dependents.
3. Re-check your arithmetic, especially any required multiplication.
4. Sign your return. If married and filing a joint return, both must sign.
5. Attach Copy 2 of your Wage and Tax Statement(s). If making a payment, please write your Social Security number on the check or money order and staple it in the shaded area on Page 1.
6. Keep a copy of your return. If you have a problem later and call, have your copy with you to save time.



MAKE IT IN MASSACHUSETTS

COMMISSIONER OF REVENUE

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GENERAL INSTRUCTIONS

CHANGES FOR 1981

1. Limited rent deduction.

Under Proposition 2½, fifty percent of rent paid for the principal place of residence in Massachusetts may be deducted from income taxable at the 5% rate. Complete and attach Schedule RD, which is on the reverse of Schedule B. Follow the instructions carefully for Item 41b and Schedule RD. Maintain adequate records showing amounts and dates of rent payments and to whom paid.

2. Form 1 only and required use of Tax Table.

Because of the large number of taxpayers who are eligible for the limited rent deduction and who must attach Schedule RD, it is no longer practical to have both a long and short form. Now all individuals required to file a Massachusetts resident income tax return must use Form 1. A Form 1 packet of forms and instructions was mailed to each taxpayer who filed Form 1A last year. See How To Prepare Form 1.

A tax table covering taxable incomes, after deductions and exemptions, up to \$50,000 is provided in the instructions. Under the law if a taxpayer's taxable income is \$50,000 or less, the tax table must be used.

The tax table has a dual use. It applies for taxable income taxed at the 5% rate plus the 7½% surtax (Item 21, \$50,000 or less). In such 5% income cases, the tax from the table is entered in the Item 22 column. In addition taxpayers with taxable income taxed at the 10% rate plus the 7½% surtax (Item 27, \$50,000 or less), which is twice the smaller rate, are required to use the tax table. In such 10% income cases, the tax from the table is entered in the Item 28 box. Then it is multiplied by two, and the result is entered in the Item 28 column line.

If taxable incomes are more than \$50,000, they have to be multiplied by the total rates printed on the return - that is, the Item 21 amount multiplied by .05375; and the Item 27 amount multiplied by .1075.

3. Late payment charge increase.

The INTEREST charge for not paying a tax in full when

due will increase from 12% to 20% per annum on February 1, 1982. The additional PENALTY for late payment of ½% per month (or fraction thereof) to a 25% maximum continues. Also, the charge for underpayment of estimated taxes will be 20% on February 1, 1982.

4. 40% long-term capital gain deduction.

The long-term capital gain deduction is 40% for taxable years that began during 1981. This will be 60% for 1982 and thereafter. See Massachusetts Schedule D and Instructions.

5. Changes in Schedules.

- U.S. Schedule C is no longer a substitute for Massachusetts Schedule C, Profit or (Loss) from Business or Profession, because of the many differences. A copy of the U.S. Schedule C is required.
- The Pension and Annuity Income part of Schedule E has been abolished. Most differences can be explained on Form 1, Item 11; otherwise attach a statement.
- Massachusetts Schedule G, Computation of Tax Reduction in Certain Limited Income Cases, now appears as a worksheet in the instructions under Item 33c because so few taxpayers qualify.

6. U.S. Economic Recovery Tax Act of 1981 does not apply.

Massachusetts income tax law references to the U.S. Internal Revenue Code apply to the provisions of such Code as amended on November 6, 1978. Differences involve: The sale of a principal residence, the sale or exchange of other capital assets, depreciation, windfall profits taxes and other U.S. changes. Note: the U.S. exclusion of up to \$1,000 interest income from All-Savers Certificates does not apply. Also note: the U.S. exclusion of \$200 to \$400 from qualifying interest and dividend income does not apply.

HOW TO PREPARE FORM 1

Complete your U.S. Form 1040 or 1040A first. Examine the Massachusetts Form 1, schedules and instructions which have many references to specific lines on your U.S. return. In addition to the basic Form 1, certain taxpayers are required to complete one or more of the following schedules.

- Schedule B. 10% Interest and Dividend Income.
 - Schedule D. Capital Gains and Losses.
 - Schedule E. Rent, Royalty, Partnership, and Certain Estate and Trust Income.
 - Schedule F. Credit for Income Taxes Due Other Jurisdictions.
 - Schedule RD. Deduction for One-Half of Rent Paid for Principal Residence in Massachusetts.
- All schedules listed above are printed on the same sheet.
- Schedule C. Profit or (Loss) from Business or Profession, with Schedule B, Part II. Excess Trade or Business Deductions on the reverse.
 - Schedule G Worksheet. Tax Reduction in Certain Limited Income Cases. See these instructions, Item 33c.
 - Schedule EC. Solar, Wind, etc., Energy Costs and Credit, a separate schedule to be obtained and attached.

NOTE: Because of significant differences between U.S. and Massachusetts income tax laws, **U.S. schedules are NOT ACCEPTABLE as substitutes** for the corresponding Massachusetts schedules. In addition, in all cases where Massachusetts Schedule C, D, E or EC is used, a copy of the corresponding U.S. schedule or U.S. Form 5695 must be attached. Also, if deductions are claimed for moving expense or employee business expense, copies of U.S. Forms 3903 (3903F) or 2106 respectively must be attached.

Make a complete copy of Form 1 and any required schedules for your records. Proceed item by item. If an item does not apply, enter a zero or a dash. Use the instructions to assist you in arriving at the correct amount or number for each item. Be accurate, complete, and legible.

Option to use Whole Dollar Method. You may, if you wish, round off ALL figures required to be shown on your return or on any attached schedule to the nearest whole dollar. For example, your salary was \$16,058.37. Show that as \$16,058. If it were \$16,058.50, show it as \$16,059. In other words where an amount contains 50 cents or more, increase your dollar amount by 1 and eliminate the cents. If the amount contains less than 50 cents, simply eliminate the cents.

This procedure may be followed only with respect to amounts required to be shown on your return or attached schedules. Subsidiary figures used to develop such amounts must retain the exact amount of cents.

If you choose to use the whole dollar method, you must use it throughout your return - including entries for income tax withheld, estimated payments, other credits and amount to be refunded. If using the whole dollar method, please check the box above Item 10 on your return.

In certain cases the amounts called for from your U.S. income tax return may not apply. For example, a married taxpayer who files a separate U.S. Form 1040 and a joint Form 1 (or the reverse); or a taxpayer who was not domiciled (legally resident) in Massachusetts for the entire taxable year. In such cases explain the reason for differences between your U.S. and Massachusetts amounts in an attached statement.

In other situations a person is required to file a Massachusetts income tax return but not a U.S. income tax return. In such situations complete the Massachusetts Form 1 by referring to the descriptions on the form and in the instructions. For example, report any wages in Item 10 and list any interest from Massachusetts savings deposits on Page 2, Part III. See the back cover for locations to telephone for assistance.

Former Users of Form 1A. Follow the same procedures to complete Form 1 that you used for Form 1A. Examine the return, including the instructions on the return. Read the instructions in this booklet for each item number that applies - to your income sources as listed on the front of Form 1, and to your deductions and exemptions as listed on the back of Form 1. Also on page 2 of Form 1, itemize interest from savings in Massachusetts banks in Part III. Make a copy and then complete the return to be filed. Re-check. Enter each amount accurately.

No Tax Status. There is no tax for a single taxpayer whose Total Income (Part IV on page 2) was \$3,000 or less or for a husband and wife filing jointly whose Total Income was \$5,000 or less. Follow the instructions for Item 40 (after Item 29) in the Tax, No Tax, Credits, and Payments section of this booklet. Determine eligibility by completing Part IV on page 2 of Form 1 and other required items on the return.

Credit if Total Income \$5,000 or less if single or if married filing jointly. Follow the instructions for Item 32. Determine eligibility and the credit amount by completing Parts IV and V on page 2 of Form 1. Be certain to complete all deduction and exemption items that apply.

WHO MUST FILE

A. RESIDENT. Every individual inhabitant of Massachusetts - adult or minor - must file a Massachusetts income tax return if he or she received gross income in excess of \$2,000. Gross income means: all income from wages, salaries, tips, bonuses, fees and other compensation from employment, the taxable part of unemployment compensation, and income from a business, profession, partnership, trust or estate; and pensions, annuities, rents, royalties, winnings from events of chance, alimony, interest, dividends, capital gains and any other income not specifically exempt. Included in Massachusetts gross income, but not under the U.S. income tax, are: (1) interest from obligations of States and their political subdivisions; (2) income earned by a resident from foreign employment; (3) certain contributions for tax deferred annuities; (4) the \$200 interest and dividend exclusion for each U.S. taxpayer; and, (5) the qualifying interest exclusion of up to \$1,000 from All-Savers Certificates.

Massachusetts gross income does NOT include: (1) interest on obligations of the United States; and, (2) the undistributed income of a corporation taxable under Subchapter S of the U.S. Internal Revenue Code. Also, Massachusetts gross income does not include amounts received as: social security, public welfare assistance, Veterans Administration disability payments, "G.I. Bill" education payments, workmen's compensation, nontaxable part of unemployment compensation, accident or life insurance payments, or gifts.

Even though none of the above conditions exist - if you are entitled to a refund resulting from overwithholding or the "sales tax" credit provisions, you are required to file a return before your refund can be determined and mailed.

An "inhabitant" is a person whose domicile or legal residence is within the Commonwealth. If you made Massachusetts your legal residence during 1981, report all income received after your date of Massachusetts domicile on your resident return. If you moved out and acquired a new legal residence, report all income received up to the date of your new domicile. If you were legally domiciled in another State or country for part or all of the year (whether or not you lived outside or inside Massachusetts), the income received from Massachusetts sources during the time you were a non-resident must be included on a non-resident return.

B. NON-RESIDENT. Every individual not an inhabitant or resident - adult or minor - who received income as described above for a resident from sources within the Commonwealth must file a Massachusetts non-resident income tax return (see Form 1-NR). However, the gross income of a non-resident does not include: alimony from Massachusetts sources; or Massachusetts bank interest unless derived from or connected with a business, trade, profession or the ownership of tangible property in Massachusetts. Also, a non-resident limited partner of a limited partnership engaged exclusively in buying, selling, dealing in or holding securities on its own behalf and not as a broker is not subject to tax on income from such partnership.

HOW TO FILE

A joint return may be filed by a husband and wife who were not separated by divorce or decree of separate maintenance on the last day of the taxable year. A joint return must include the gross income, losses (if any), and exemptions and deductions of each. A joint return may be filed even if only one had income, and it must be signed by both the husband and wife.

A joint return MUST be filed if a married taxpayer is claiming:

1. The higher exemptions totalling \$2,800 on Page 2, Item 47 rather than the \$1,000 allowed to each if filing separately;

2. An exemption of from \$1 to \$2,000 as determined by the amount of earned income of the spouse with the smaller amount as computed on Page 2, Items 45, 46 and 47;

3. An additional \$600 deduction for one dependent member of the household under the age of 12. (Page 2, Item 43b).

4. An additional \$700 exemption on Page 2, Item 49 for his (her) spouse who was 65 years of age before the close of the year;

5. A medical exemption on Page 2, Item 50 and is filing a joint U.S. Form 1040;

6. An exemption from 10% interest and dividend income and gains on Page 1, Item 26;

7. A credit on Page 1, Item 32 for residents having total joint income of \$5,000 or less;

8. A NO TAX STATUS on Page 1, Item 40 if total joint income (Page 2, Item 67) was not more than \$5,000; or,

9. A tax reduction in certain limited income cases in the Schedule G Worksheet, Item 5 in these instructions.

A final return must be filed for a decedent for the fractional part of the year up to the date of his death on Form 1 by his executor or administrator. Indicate on the return the date of death of the decedent. The return must be signed by the decedent's legal representative. A joint return may be filed by the surviving spouse or in the case of death of both spouses by their legal representative.

If the decedent's return shows a refund due and if no legal representative has been appointed by a probate court and none is contemplated, Form M-1310 (Statement of Claimant to Refund Due on Behalf of Deceased Taxpayer) must be attached to the front of the tax return in order that the refund check may be made payable to the proper person.

Income received for the period of the taxable year after the decedent's death, and for succeeding taxable years until the administration of the estate is completed, must be reported each year on Form 2 (fiduciary return).

FILE ONLY ONE Massachusetts Resident Individual Income Tax Return. DO NOT file a duplicate, your copy, or amended Form 1. Claiming exemptions, deductions, refunds, or credits more than once may be basis for charge of fraud. If a change is required after you filed your return, obtain and file Form 33, Amended Massachusetts Income Tax Return. Do not file another Form 1. If filing Form 33 after April 15th and if the change reduces your tax liability, Form CA-6, Application for Abatement, must be completed and filed with Form 33.

You have not filed a legal return unless you sign it, and an unsigned return is unacceptable. If you and your wife are filing a joint return, both of you must sign. Your signature has the legal effect of swearing under oath to the truthfulness of your return.

If some person or firm, other than yourself or your spouse prepared your return, the signature, address and identification number of such person or firm are required in the spaces provided on the return.

Refunds are delayed, correspondence is required, and energy, time and money wasted because of errors in arithmetic, unanswered questions, and missing withholding statements (State Copy of Form W-2 from each employer or of Form W-2P from a payor of pension or annuity). Please re-check all items on your return.

If your name and address is printed on the form and if incorrect, print the correct information on the blank form and file it. If you received these instructions and forms with your name and address on the back cover, the label is removable and will stick when placed on the tax return you file. Using the label is easier for you and will speed processing of your tax return. Therefore, please affix the label in the name and address area on the Form 1 that you file. IF THE LABEL IS INCORRECT, DO NOT USE IT; but print the correct name(s), address, and Social Security number(s) on your return. If you move after filing your return, leave a forwarding address at your Post Office. In any correspondence or call about your tax return or refund, always include your Social Security number.

WHEN TO FILE

Your return, together with payment in full, is due on or before April 15, 1982. Avoid last minute rush. Those individuals who are engaged in a business and who keep their books on a fiscal year basis, and who have received permission from the Commissioner of Revenue to file on such a basis, are required to file their returns on or before the fifteenth day of the fourth month after the close of their fiscal year.

Although the final date for filing your income tax return is April 15, 1982, it is suggested that you start preparation of the return as soon as possible, so that you may allow yourself sufficient time in which to double check your figures and seek competent assistance, if required. See "Where To Get Help And Forms", on the back cover. If seeking help, take your U.S. income tax return (or a copy), your wage and tax statement, as well as your Massachusetts tax return.

If you paid an estimated tax, payment of the last installment need not be made on January 15, 1982, but may be included in the balance of tax due as shown on your Form 1 provided the balance of tax due is paid and the Form 1 is filed on or before January 31, 1982.

HOW TO PAY

The tax balance due shown on Form 1, Page 1, Item 38 must be paid in full when your return is filed. Make check or money order payable to "Commonwealth of Massachusetts". Never send cash by mail. Mail your return to the correct, special address shown on the front of Form 1. Returns may be filed and payments made in person by check or money order at any State Tax Office and at the Revenue Accounting Bureau. Penalties are imposed for using "bad" checks. Please staple check to shaded area.

SPECIFIC INSTRUCTIONS PAGE 1

Make a copy for your records. Type or print plainly to avoid errors and confusion. If there has been a change in name, address or filing status, enter the correct information. Social Security numbers are required to provide proper identification in processing returns, payments and refunds. Include in your address—your apartment number (if applicable), the number and street, city, town or postal district, State and zip code. Attach separate schedules and statements to the top of page 2.

FILING STATUS, ITEMS 1, 2, AND 3

Item 1. A single person is one who at the close of the taxable year was not married. This includes a person who was legally separated under a decree of divorce or of separate maintenance at the end of the year. Single also includes a widow or widower whose spouse died before the taxable year began.

Item 2. Married includes: a person who was married as of the close of the taxable year; and a widow or widower whose spouse died during the taxable year.

Item 3. If a separate return is filed by a married taxpayer, certain exemptions and other benefits are not allowable. See "HOW TO FILE" for circumstances requiring the filing of a joint return.

Massachusetts does not have classifications for unmarried head of household or qualifying widow(er) with dependent child.

\$700 EXEMPTIONS, DEPENDENTS AND 65 OR OVER ONLY

You are allowed a \$700 exemption: (1) for each dependent (excluding yourself and your spouse if married); (2) for you if you were sixty-five years of age or over before 1982; and, (3) for your spouse if she (or he) was sixty-five years of age or over before 1982 and if you are filing a joint return.

A dependent under the Massachusetts income tax law is an individual who qualifies for exemption as a dependent under the U.S. income tax law. Enter the numbers from your U.S. Form 1040 or 1040A as instructed on Form 1. The number of your dependent children who lived with you plus the number of your other dependents, as totalled in Item 6, is used also in Item 74 if claiming the "sales tax" credit. You and your spouse are NOT dependents and MUST NOT be counted in Items 4, 5, or 6.

The number of dependents plus the number of 65 or over exemptions claimed, as totalled in Item 9, is entered and multiplied by the \$700 exemption amount on Page 2, Item 49.

INCOME TAXED AT 5%, ITEMS 10 THROUGH 22

SEE UNDERGROUND ECONOMY INCOME NOTICE ON COVER.

Item 10. Wages, salaries, tips, etc. Exceptions to using the amount of wages, salaries, and other compensation from U.S. Form 1040, or 1040A, Line 7 follow.

a. Add to the U.S. wages, salaries, etc. — if you were an employee of certain private tax exempt and public educational institutions and hospitals and covered by a federally tax sheltered annuity contract (under Section 403(b) of the U.S. Internal Revenue Code), any

contributions made by you under an authorized salary reduction agreement and which were not required under the retirement program of your employer. Generally, your employer will inform you of the amount by showing a higher "Wages paid" total for the State than for the Federal on your Wage and Tax Statement.

b. Add to U.S. wages, salaries, etc.—all wages, salaries or other compensation earned by a legal resident of Massachusetts while employed in a foreign country to the extent excluded from income under Section 911 of the U.S. I.R.C.

c. Subtract from U.S. wages, salaries, etc., the amount related to your legal domicile in another State or country if you were not domiciled in Massachusetts for the entire year. If you earned income in Massachusetts while a non-resident, report such income on Form 1-NR.

Item 11. Taxable Pensions and Annuities. Exceptions to using the amount of pensions and annuities from U.S. Form 1040, Line 15 plus Line 16b follow.

Certain pensions are exempt under Massachusetts law. Thus if applicable, subtract from the U.S. pensions and annuities total—income received from a contributory annuity, pension endowment or retirement fund: (1) of the United States government; (2) of Massachusetts or its political subdivisions; and, (3) of any other State or its political subdivisions which does not tax such income from Massachusetts or its political subdivisions. Such States are: Alaska, Connecticut, Florida, Hawaii, Illinois, Nevada, New Hampshire, North Carolina, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Washington, and Wyoming.

In those cases where a former public employee received a return of his contributions and receives a pension or annuity also, the pension or annuity is not exempt. The interest on such returned contributions must be included in Schedule B.

In addition income from annuity, stock bonus, pension, profit-sharing, annuity or deferred-payment plans or contracts described in Sections 403(b) and 404 of the U.S. I.R.C. is modified. You may subtract from such income the amount of your contributions on which you were previously taxed by Massachusetts until the total of your taxed contributions is recovered.

Explain briefly either in the margin near Item 11 or in an attached statement, the circumstances of any pension and annuity amount that is less than reported on your U.S. Form 1040, Line 15 plus Line 16b. See Item 16 for reporting lump-sum distributions.

Item 12 and Schedule C. Net profit or (loss) from a business or profession. If applicable, complete and file Massachusetts Schedule C. A copy of your U.S. Schedule C (or F for farm income) must NOT be substituted. Note the following Massachusetts Schedule C differences.

Income taxable at the 10% rate (Items 1, 4 and 33) and income from windfall profits tax credit or refund are excluded. The deduction for windfall profit tax withheld is not allowed, and wages are not reduced by the Jobs and Win credits. The provisions of the U.S. Internal Revenue Code as amended on November 6, 1978 apply in determining the depreciation and any other deduction or cost amount regardless of subsequent changes in the Code.

If the nature of your business is such that you have gross income that is classed as taxable at the 10% rate, exclude such income from Items 1 and 4 of Massachusetts Schedule C and enter it in Item 33 and in Schedule B, Part I, Item 3. If your deductions exceed any other Schedule C income and any other income taxable at the 5% rate, such excess deductions may be subtracted from the interest that is effectively connected with the active conduct of your trade or business only. Schedule B, Part II, which appears on the reverse of Massachusetts Schedule C, must be completed.

Interest received on loans, notes receivable or charge accounts that you accept in the ordinary course of business represents interest taxable at 10%.

If you are an individual engaged exclusively in a brokerage or banking business, use Schedule C. You must exclude from Schedule C any income and expenses that pertain to activities for yourself as distinguished from those performed for your customers. Such income must be reported by class of income in Schedules B and D. Any excess deductions from your trade or business cannot be used against your 10% income, but only against dividends and 10% interest on customers' accounts.

If you filed a return on the accrual basis last year, your return for this year must be on the same basis. If you filed a return on the cash basis last year and wish to change to the accrual basis this year, you must obtain permission from the Commissioner by filing Form 14 with your return. Form 14 will be furnished on request.

If you keep your books of account on the basis of an established fiscal year, instead of a calendar year, you may, with the advance approval of the Commissioner report your income on such fiscal year basis. Fiscal year returns are due to be filed on or before the fifteenth day of the fourth month after the close of the fiscal year, together with payment in full.

Item 13 and Massachusetts Schedule E, Part II. 5% Income or (loss) from partnerships, grantor-type trusts and from estates and trusts not subject to taxation in Massachusetts (whether actually or constructively received). Attach a copy of U.S. Schedule E. If you are a member of any partnership, a grantor or other "owner" of any grantor-type trust, or a beneficiary of a trust or estate that is not subject to Massachusetts taxation—report your distributive share of the income (or loss) that is taxed at 5% in Schedule E, Part II and on Form 1, Item 13. Exclude all dividends and interest from Schedule E. Report Massachusetts savings deposit interest on Form 1, Part III. Report in Schedule B, Item 3 interest from obligations of other States, nonqualifying dividends, and any other taxable dividends and interest that are not included in Items 1 and 2 of Schedule B. Report capital gains (losses) in Schedule D.

In many cases the amounts for Item 1 and Item 6 of Massachusetts Schedule E will not be the same as on your U.S. Schedule. Changes in the U.S. Internal Revenue Code made since November 6, 1978 do not apply under the Massachusetts law. Obtain from your partnership or trust the correct Massachusetts amounts for Items 1 and 6.

Also if you are a partner, obtain from the partnership your specific share of any items of income that are taxable at the 10% rate in Massachusetts and your share of savings deposit interest from Massachusetts banks and that are included in the income reported on your U.S. Schedule E, Part II. For example, the "ordinary income" amount may contain 10% interest and dividends that do not qualify for the U.S. \$200 interest and dividends exclusion.

A grantor-type trust is a trust in which the grantor or another person is treated as the owner of any portion of the trust under Sections 671 through 678 of the U.S. Internal Revenue Code. If you are the grantor or other "owner" of a grantor-type trust, obtain from the trust your portion of the income, deductions and credits. Report the various kinds of income on your individual return as indicated in the first paragraph above. The trustee of a grantor-type trust is required to furnish the necessary information to you on Massachusetts Schedule MK-1 and to file a Form 2 information return. Note: these changes under Chapter 510 of the Acts of 1976, do not apply to other Massachusetts trusts or estates.

The income of non-Massachusetts trusts and estates is also taxed on the individual returns of the beneficiaries. Note: the profit or (loss) income from a Subchapter S corporation that is reported on U.S. Schedule E is not taxed to the individual under Massachusetts law; however, see the instructions for Schedule B, Item 3.

Item 14 and Page 2, Part III. Interest income from savings deposits or accounts in banks and similar organizations located in Massachusetts. This interest income is taxed at 5% after a special exemption. List in Item 53 of Part III the payer's name and the amount of all interest (and dividends) credited or received from savings deposits, NOW accounts, savings accounts, share or share savings accounts, All-Savers accounts—including term and time deposits having a principal amount of less than \$100,000 and including six-month term deposit certificates with interest based on the U.S. Treasury Bill interest rate—in any kind of bank located in Massachusetts. Such savings account organizations include any savings or cooperative bank, credit union, or savings or loan association, and any national bank, trust company, banking company, or Morris Plan company located in Massachusetts. Any forfeited interest penalty is deducted in Item 42c and should not be subtracted from interest entered in Item 53. Beginning in 1977, interest from an Individual Retirement Account is not taxable until distributed. The U.S. exclusion of qualifying interest from All-Savers certificates does NOT apply and must not be subtracted.

All other interest is taxed at 10% and reported in Massachusetts Schedule B, unless specifically exempt. **DO NOT** enter in Item 53 any interest taxed at 10%. Such 10% interest includes interest on any term or time deposit having a principal amount of \$100,000 or more in any bank and interest on any variable (floating) interest rate **note** and fixed interest rate **note**. Interest taxed at 10% also includes: any interest (or dividends) from any bank deposit in another State or country; and any interest on any **personal or business account receivable, note, loan or taxable bond**. Interest from all obligations of other States or their political subdivisions is taxed at 10% and must be reported in Schedule B also.

Exempt interest includes interest from bonds or notes owned by you that are U.S. obligations (for example U.S. savings bonds) or are obligations of Massachusetts or its political subdivisions. The portion of a mutual fund distribution derived from obligations of Massachusetts or its political subdivisions and designated as "exempt-interest dividends" by the mutual fund is exempt.

Item 55 of Part III. Exemption from interest taxed at 5%. A husband and wife filing jointly are allowed an exemption of not more than \$200 against their Massachusetts savings deposit interest. This applies even though the account(s) may be in one name. If married and filing separately or if single, the exemption maximum is \$100. If the interest taxed at 5% is less than the maximum exemption, the unused portion cannot be subtracted from other income. For example: if single and if your total 5% interest is \$70 in Item 54, your exemption is \$70; and you must enter "0" in Items 56 and 14.

Item 15 and Massachusetts Schedule E, Part I. Rents and royalties income or (loss). Attach a copy of U.S. Schedule E. Rental income from property wherever located and royalty income are generally taxable as under the U.S. Internal Revenue Code as amended on November 6, 1978. Subsequent Code changes (e.g., accelerated depreciation) do not apply. Also if property is sold, see Schedule D instructions for basis determination. Other possible differences include part-year resident status, trust provisions and deductible royalties from approved energy conservation patents. Explain fully and enter any difference in Item 2. Maintain adequate records.

If you received income from certain U.S. patents that are approved by the Massachusetts Secretary of Energy Resources as being useful for energy conservation or for alternative energy development, such income is deductible. Request approval from the Office of the Secretary of Energy Resources, Attention: General Counsel, 73 Tremont Street, Boston, MA 02108. Telephone 727-0538. Attach evidence of such approval to your return. If such approved patent income is other than royalty income, use the applicable schedule and explain.

Item 16. Other income taxed at 5%. Enter all other income reported on your U.S. Form 1040 that is not reported on Massachusetts Form 1, Items 10 through 15 and that is not subject to the 10% rate of taxation as dividends, or interest, or gains from the sale or exchange of capital assets. Note that income reported on your U.S. Form 1040, Line 20 includes some kinds of income that are included in Massachusetts Item 16 and other kinds that are reported in different places on your Massachusetts return.

See the front cover NOTICE—UNDERGROUND ECONOMY INCOME. If applicable, report such money or the value of such goods and services in Item 16.

Enter on Massachusetts Form 1, Item 16 the following:

a. All gambling winnings from lotteries, raffles, races, beano or other events of chance (wherever held); prizes and awards.

b. Alimony or separate maintenance income from your U.S. Form 1040, Line 10.

c. Ordinary net gain or (loss) as reported on your U.S. Form 1040, Line 14 only. NOTE: A "net operating loss" from your business or profession is not allowed either to be carried forward or carried back to offset income in any other year under the Massachusetts income tax. Therefore, any "net operating loss" for a prior year that is entered as a "minus" figure on U.S. Form 1040, line 20 must not be entered on Form 1, Item 16.

d. Taxable unemployment compensation from U.S. Form 1040, Line 19b or 1040A, Line 9b.

e. Lump-sum distributions of qualified employee benefit plans, less any employee contributions even though U.S. capital gains treatment is granted to part of such distributions. Its source should be identified as "Lump-sum distribution of qualified employee benefit plan—Corporation."

f. Any other income as reported on your U.S. Form 1040, Line 20 with certain exceptions. Such other income includes jury duty, notary public, and director's or other fees; recoveries of bad debts that reduced your income in prior years and excess reimbursement from your employer. Report the fair market value of any noncash winnings or prizes. Gambling losses that are claimed as itemized deductions on Schedule A of U.S. Form 1040 are NOT deductible under the Massachusetts income tax law.

NOTE: Refunds of U.S. and Massachusetts income taxes are not considered income.

DEDUCTIONS FROM INCOME TAXED AT 5%

Item 18 and Page 2, Part I. Deductions from income taxed at 5%. The Massachusetts deductions are NOT the same as "Itemized Deductions" on Schedule A of U.S. Form 1040. Only the deductions specified in Items 41, 42 and 43 may be claimed. Note that expenses connected with employment for union or professional dues, tools, education expenses, other employee business expenses etc., and other itemized deductions on your U.S. Schedule A are NOT ALLOWED. Payments to an Individual Retirement Arrangement or to a Keogh retirement plan, which are U.S. adjustments to income, are NOT DEDUCTIBLE. The U.S. allowable moving expenses adjustment is a deduction only if reimbursement was made by the employer and other limitations apply.

You are not allowed to deduct amounts unless they are directly related to income that is subject to taxation and reported on Form 1. Thus if you were a resident for part of the year only or if for some other valid reason you have income that is excluded in whole or in part, any deduction related to such income is not allowable or must be reduced proportionately.

Item 41a. Payments to certain retirement systems. You are allowed to deduct the amount paid in 1981 under the federal Social Security Act, Railroad Retirement Act, Federal and Massachusetts (including subdivisions) Retirement Systems.

The amount for the Social Security (F.I.C.A.) and Railroad retirement deductions is the amount withheld but not more than the \$1,975.05 maximum allowable for one employee regardless of the number of employers. If married and if one spouse had more than the maximum withheld and the other less, the excess portion withheld cannot be used. Add the allowable amount for each and enter the total in Item 41a. If self-employed, your Social Security deduction consists of (a) the F.I.C.A. amount paid during 1981 with your 1980 federal income tax return at the 8.1% rate; plus (b) any F.I.C.A. amounts paid during 1981 at the 9.3% rate under the federal estimating system.

Item 41b and Schedule RD. Limited rent deduction. Schedule RD is on the back of Schedule B. If you paid rent for your principal place of residence in Massachusetts during 1981, you are allowed a deduction of one-half of the rent paid for such occupancy subject to the following restrictions and definitions.

Principal Massachusetts residence means the residence regarded as your home. For example, principal residence does NOT include a cottage, house or apartment rented for vacation purposes. It does not include the apartment of a college student who has another residence when not attending college. Principal residence does not include the room, apartment or house in Massachusetts of a nonresident who has a residence in his State or country of legal residence. A rented mobile home may be a principal residence.

Rent, for purposes of this deduction, means money paid to a landlord by a tenant for the rental or lease of Massachusetts premises occupied as the principal residence. Payment for occupying a hotel, motel or lodging house is not rent unless a rental agreement exists. If the rental agreement, oral or written, includes separate charges for heat, hot water, gas, electricity, furnishings, parking or any other item in the payment for occupancy of the premises, such separate charges are NOT rent for purposes of the rental deduction. Also, rent does not include amounts paid as a security deposit, or for the last month's rent unless and until applied to unpaid rent.

If two or more persons jointly rent a unit, each person who occupies the unit as her or his principal residence is entitled to a deduction based on the amount of rent she or he paid. In the case of rent paid by a person (such as a parent) who is not the taxpayer occupying the premises, the rent deduction is not allowed to either person.

The 1981 rent deduction is one-half of rent paid during 1981 for the right of occupying a rented unit after December 31, 1980. Any rent paid during 1981 for a period of occupancy which ended before January 1, 1981 must be excluded. Any rent paid during 1982 for occupancy during 1981 will be claimed on the 1982 return.

Complete Schedule RD carefully and in full to claim the rent reduction and to prevent automatic disallowance of your claim and time-consuming contacts to obtain correct refunds or to abate additional taxes. Enter the information indicated on Schedule RD for the unit that you rented as your principal Massachusetts residence during 1981. If you moved more than twice to new principal residences during the year, complete and attach another Schedule RD. After entering your address and the landlord's name and address, enter the total amount paid by you during the year in Column c. Enter the total of separately stated charges in Column d. Subtract the Column d amount from the Column c amount and enter your qualifying rent paid in Column e. Item 2, Column e is the total if your rented principal residence changed during the year. Divide the amount in Item 2 by two. Enter in Item 3 the allowable deduction for one-half of rent paid. Also enter the Item 3 allowable amount in Item 41b on the back of Form 1. In Item 4, enter the dates that you rented each principal Massachusetts residence listed in Item 1. Maintain adequate records showing amounts and dates of rent payments and to whom paid.

Item 42a. Moving expense. Attach U.S. Form 3903 or 3903F. This Massachusetts deduction is the same for many employed taxpayers who are reimbursed by their employers as the moving expenses adjustment allowable on U.S. Form 1040, Line 22. However, it does NOT apply to:

- a. an employee whose employer did not make a reimbursement or allowance to the employee or who did not pay a third party for the moving expenses of the employee; or,
- b. a self-employed person or a member of a partnership.

The Massachusetts moving expense deduction for an employee who is reimbursed is limited also to the amount of reimbursement reported on the Massachusetts income tax return. Thus if the federally allowable moving expense amount in Line 22 is more than the reimbursement and allowance to or for the employee, the excess moving expense is not allowed. The same also applies if a taxpayer changed his domicile (legal residence) and if part or all of the reimbursement is not included on the Massachusetts return. You are required to show on your attached U.S. Form 3903 (under Line 14) the amount of moving expense reimbursement that is included in Item 10 of Massachusetts Form 1. Report any excess reimbursement on Form 1, Item 16.

Item 42b. Employee business expense. Attach U.S. Form 2106. Generally, the deduction for employee business expense is the amount claimed on your U.S. Form 1040, Line 23 and as detailed on U.S. Form 2106, Part I ONLY. The expense must be related to income taxed in Massachusetts and reported on Form 1. Employee business expenses which are deductible federally if you itemized deductions on Schedule A of U.S. Form 1040 are NOT deductible under the Massachusetts law. Thus do NOT enter in Item 42b any U.S. Miscellaneous Deductions, such as: union or professional organization dues, the cost of tools, materials, supplies, uniforms, employment agency fees, and expenses for education. Travel expenses related to the federal educational expenses deduction are NOT ALLOWED.

A copy of U.S. Form 2106 or statement must be attached or the amount claimed will be disallowed, and you will be assessed an additional tax (including interest @ 20%) and billed. If in completing U.S. Form 2106, Part I you determine that your employer paid you more than your deductible expenses, report the excess as "Other 5% income" in Item 16.

Item 42c. Interest penalty for early withdrawal of savings. This deduction is the same amount allowable as an adjustment on U.S. Form 1040, Line 26 if the interest income to which the penalty relates is or was reported on your Massachusetts return.

Item 42d. Alimony paid. This deduction is the same amount allowable as an adjustment on U.S. Form 1040, Line 27.

Item 42e. Disability income exclusion. This Massachusetts deduction conforms with the federal exclusion. Enter the amount from U.S. Form 1040, Line 28 if the related pension income is reported on your Massachusetts return.

Item 43a. Employment-related expenses for the care of a child under the age of 15, a disabled dependent or a disabled spouse. This Massachusetts deduction for such expenses applies to all taxpayers who qualify for the "Credit for child care expenses" claimed on U.S. Form 1040, Line 40 under the provisions of the U.S. I.R.C. as amended on November 6, 1978, if the related employment income is reported on your Massachusetts return.

Generally, the allowable Massachusetts amount is a deduction from income of five times the allowable amount used as a credit against the U.S. tax. Thus the deduction is the same amount as the allowable expenses shown on U.S. Form 2441, Line 9. Such form is not required to be attached.

Item 43b. Dependent household member under the age of 12. One \$600 amount may be claimed as a deduction: (1) if you maintained a household which included one or more dependents who were under the age of twelve at year end; and, (2) if you are not claiming a deduction for certain employment-related expenses for child, disabled dependent or disabled spouse care services in Item 43a; and, (3) if married you are filing a joint return. If eligible and although you may have more than one dependent under age twelve, enter only one \$600 amount in Item 43b. If you were a legal resident for part of the year only, reduce the \$600 deduction to an amount based on the same ratio of days used to reduce exemptions (see Form 1, Page 2, Item 52 and instructions).

EXEMPTIONS

Item 20 and Page 2, Part II Exemptions. The word exemption has a broader meaning for Massachusetts than for the U.S. income tax. If married and filing a joint return, complete Items 45, 46 and 47 and omit Item 48. If single or if married and filing a separate return, start with Item 48.

Items 45, 46 and 47 of Part II. Personal exemptions for married taxpayers and the additional exemption for the spouse with the smaller earned income if such earned income did not exceed \$2,000. These exemptions apply only to a wife and husband who are filing a joint return, and the allowable amounts are based on the earned income of each spouse.

Item 45. EARNED INCOME COMPUTATION. Determine the wife's share and the husband's share of the different kinds of earned income reported on the front of Form 1. Enter the share of each in the columns.

The earned income of each spouse for this purpose includes:

a. Wages, salaries, tips and other employee compensation from Page 1, Item 10, less disability income excluded in Item 42e.

b. Amounts received from an employee pension or annuity plan from Page 1, Item 11. However, any annuity amount received from the purchase of an annuity contract that is reported in Item 11 is NOT earned income for this exemption, and it must be excluded from Item 45.

c. Net profit or (loss) from business or profession from Page 1, Item 12 and income or (loss) from all partnerships, grantor-type trusts, and non-Massachusetts trusts and estates from Page 1, Item 13. However, if both personal services and capital were material income producing factors for the amounts in Items 12 and 13, only a reasonable allowance for personal services, not in excess of 30% of the net profit, is considered earned income.

d. Other amounts of earned income from Page 1, Item 16. However, winnings from any event of chance and alimony received are NOT earned income even though they are reported in Item 16. Other earnings generally include all the remaining income items specified for Item 16. Also include (and identify) on the Other earnings line of Item 45 any applicable 5% income received by you as a beneficiary of a trust subject to Massachusetts taxation.

Item 46. EARNED INCOME. Add each column and enter the total earned income for each spouse in Item 46. If one spouse did not have any earned income, enter "0".

Items 47a and 47b. Amounts to enter if married and filing a joint return. Item 47a. If the earned income of each was more than \$2,000, enter \$4,000 in Item 47a and omit Item 47b. In such case each spouse has a \$2,000 personal exemption.

Item 47b. If the earned income of the spouse with the smaller amount was \$2,000 or less, enter the smaller amount plus \$2,800 in Item 47b but not more than \$4,600. In such case, the personal exemption amount for the spouse with the smaller earned income equals that earned income and can range from \$1 to the \$2,000 maximum.

The \$2,800 includes the \$2,000 exemption for the other spouse plus the additional \$800 exemption provided because the smaller earned income was between \$0 and \$2,000 inclusive. However, the law specifies that the total of both personal exemptions and the additional exemption cannot be more than \$4,600.

Example:

Item	Earned Income	Exemption
Husband	\$18,000	\$2,000
Wife	1,990	1,990
Additional exemption		800
Total computed exemption		\$4,790
Maximum allowable in Item 47b		\$4,600

Item 48. Single or married filing separately. Enter the applicable amount allowable under Massachusetts law. If single, enter \$2,000. If married and if filing a separate return, enter \$1,000.

Item 49. Total number of dependents and 65 or over \$700 exemptions. Enter the number from page 1, Item 9, multiply by \$700 and enter the result in the column. You and your spouse are not dependents. If you are claiming the 65 or over exemption for your spouse, you must file a joint return.

Item 50 of Part II. Medical and dental expenses. If you have itemized your U.S. income tax deductions on Schedule A of your U.S. Form 1040 AND if you have "Excess itemized deductions" on Schedule A, Line 41, your Massachusetts medical and dental expenses exemption equals your total medical and dental expenses reported on U.S. Schedule A, Line 10. This applies even though your Line 10 amount is more than your excess in Line 41. If you complete U.S. Schedule A with an amount on Line 10 AND if you do not have any excess itemized deductions in Line 41, you are NOT allowed a Massachusetts exemption for medical and dental expenses.

If married and if filing a joint U.S. Form 1040, you must file a joint Form 1 to claim this exemption. If you qualify, enter in Item 50 the amount claimed on your U.S. Form 1040, Schedule A, Line 10. An attached schedule or statement is not required.

Item 51 of Part II. Blindness and adoption fee exemptions. A taxpayer who is totally blind is allowed an additional \$2,200 exemption. A married taxpayer who files a joint return is allowed an additional \$2,200 exemption for his or her spouse who is totally blind. To be eligible the visual acuity, with correction must have been 20/200 or less in the better eye, or the peripheral field of vision must have been contracted to a ten degree radius or less regardless of visual acuity. An attached statement is not required.

A taxpayer who paid fees to a licensed adoption agency during the taxable year on account of the adoption of a minor child by him is entitled to claim an exemption, of that part of the fees that are in excess of three per cent of such taxpayer's adjusted gross income subject to the 5% rate. Other expenses connected with an adoption, such as attorney's fees, are not exempt.

If eligible, attach a schedule to Page 2 showing the name and address of the licensed adoption agency and the exemption computation as in the following example:

- a. Total adoption fee(s)\$1,200
- b. Less 3% of your 5% adjusted gross income:
 Page 1, Item 17 \$20,000 plus \$99
 interest exemption used from Page 2,
 Item 55 or 54 whichever is smaller
 \$20,000 + \$99 = \$20,099 × .03-603
- c. Allowable adoption fee exemption\$597

Item 20 and Page 2, Part II, Item 52. Total exemptions. The total of Items 47 through 51 is the amount of exemptions that most taxpayers may enter in Item 20 and take first against income taxed at 5%. However the total exemptions amount must be reduced and a smaller amount entered in Item 20 by certain taxpayers. These include the following.

A taxpayer who is reporting income on Form 1 and who is also the beneficiary of a trust or estate the income of which is reported on a Massachusetts fiduciary income tax return (Form 2) should claim his total exemptions against his Form 1 income taxed at 5%. If his exemptions are not used up against such 5% Form 1 income, the excess must be applied to the Form 2 income taxed at 5%. If his exemptions are not used up against such 5% Form 2 income, the excess should be applied first to any Form 1 income taxed at 10%.

If a non-resident return (Form 1-NR) is involved with a Form 1, use the same procedure. Attach explanations.

In addition a taxpayer who was not a legal resident for the full year must reduce his total exemptions claimed on Form 1 to an amount based on the number of days that he was domiciled in Massachusetts. If he worked in Massachusetts before becoming domiciled here, he must complete and file Form 1-NR also. In all such cases, attach an explanation of the dates and amounts.

Item 21. Taxable 5% income. After entering your correct total exemptions amount in Item 20, subtract it from Item 19 and enter your taxable 5% income in Item 21. If your total 5% income before exemptions (Item 19) is less than your exemptions (Item 20), enter "0" in Item 21. Also if you have income taxed at 10%, see Item 26 for applying the unused exemption amount against your 10% income.

Item 22 and Tax Table. Tax on 5% income including 7½% surtax. If your taxable 5% income in Item 21 is not more than \$50,000, you MUST use the tax table. Be sure to use the correct income line. After you have found the correct tax, enter that amount in Item 22.

If your Item 21 income is more than \$50,000, multiply by .05375. Re-check your multiplication; then enter the tax in Item 22. If you use the optional whole dollar reporting method, you must round your tax amount (as well as all other amounts) to the nearest whole dollar.

INCOME TAXED AT 10%, ITEMS 23 THROUGH 28

Item 23 and Massachusetts Schedule B. Interest and dividends taxed at 10%. Generally, if your only interest income was from savings in Massachusetts banks and taxed at 5% and if your gross dividend income was \$400 or less, do not use Massachusetts Schedule B. In such cases, report your Massachusetts savings interest on Form 1, Part III and enter your dividend income on Form 1, Page 1, Item 23.

However even though your dividend income was \$400 or less, to avoid being overtaxed you should complete and file Massachusetts Schedule B if you have Schedule B amounts as follows:

- a. Item 5, capital gain distribution;
- b. Item 8, dividends taxed directly to trusts or estates on Massachusetts Form 2;
- c. Item 9, excludable dividends, e.g., a distribution that is a return of capital, the exempt portion of "exempt-interest dividends" from a mutual fund, or dividends from current earnings of a corporate trust that is taxed directly on Massachusetts Form 3F; or,
- d. Item 13, capital loss reduction.

NOTE: If you had any interest income other than interest from savings in Massachusetts banks that is taxable at 5% or if your gross dividends income was more than \$400, Schedule B is required. Although interest on U.S. obligations is exempt, it must be reported in Schedule B, Item 6 to enable accurate determinations under the enforcement program which compares incomes reported to the U.S. Internal Revenue Service and to this Department.

The kinds of interest taxed at 5% and 10% and other differences are described on pages 5 and 6 of these instructions under Item 14. In addition there is no dividends exclusion under the Massachusetts law. The differences in the taxation of interest and dividends are accounted for in Schedule B, Part I. Enter in Items 1 and 2 of Schedule B, Part I your total interest and gross dividends from your U.S. income tax return.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (B)

Profit or (Loss) From Business or Profession

(Sole Proprietorship)

Partnerships, Joint Ventures, etc., Must File Form 1065.

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB. No. 1545-0074

1981
08

Name of proprietor

MARJORIE F. RAGONA

Social security number of proprietor

126 22 6194

A Main business activity (see Instructions) ▶ CLERGY ; product ▶

B Business name ▶ Metropolitan Comm. Church of Boston

C Employer identification number

D Business address (number and street) ▶ 131 Cambridge St., Boston
City, State and ZIP Code ▶

E Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

F Method(s) used to value closing inventory:

(1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)

G Was there any major change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation.

H Did you deduct expenses for an office in your home?

C
Yes No
☒ ☐
☒ ☐

NOT APPLICABLE

Part I Income

1 a Gross receipts or sales	1a	<u>2312</u>	
b Returns and allowances	1b		
c Balance (subtract line 1b from line 1a)	1c		
2 Cost of goods sold and/or operations (Schedule C-1, line 8)	2		
3 Gross profit (subtract line 2 from line 1c)	3		
4 a Windfall Profit Tax Credit or Refund received in 1981 (see Instructions)	4a		
b Other income (attach schedule)	4b		
5 Total income (add lines 3, 4a, and 4b)	5	<u>2312</u>	<u>—</u>

Part II Deductions

6 Advertising	<u>—</u>		29 a Wages		
7 Amortization	<u>—</u>		b Jobs credit		
8 Bad debts from sales or services	<u>—</u>		c WIN credit		
9 Bank service charges	<u>300</u>	<u>00</u>	d Total credits		
10 Car and truck expenses	<u>2150</u>	<u>00</u>	e Subtract line 29d from 29a		
11 Commissions	<u>—</u>		30 Windfall Profit Tax withheld in 1981		
12 Depletion	<u>—</u>		31 Other expenses (specify):		
13 Depreciation (see Instructions)	<u>—</u>		a <u>Registration Fees</u>	<u>55</u>	<u>00</u>
14 Dues and publications	<u>50</u>	<u>00</u>	b <u>Books</u>	<u>250</u>	<u>00</u>
15 Employee benefit programs	<u>—</u>		c <u>Clerical Attire</u>	<u>68</u>	<u>00</u>
16 Freight (not included on Schedule C-1)	<u>—</u>		d <u>Contributions (Conference)</u>	<u>70</u>	<u>00</u>
17 Insurance	<u>—</u>		e		
18 Interest on business indebtedness	<u>—</u>		f		
19 Laundry and cleaning	<u>63</u>	<u>00</u>	g		
20 Legal and professional services	<u>—</u>		h		
21 Office supplies and postage	<u>125</u>	<u>00</u>	i		
22 Pension and profit-sharing plans	<u>—</u>		j		
23 Rent on business property	<u>—</u>		k		
24 Repairs	<u>25</u>	<u>00</u>	l		
25 Supplies (not included on Schedule C-1)	<u>55</u>	<u>00</u>	m		
26 Taxes (do not include Windfall Profit Tax, see line 30)	<u>—</u>		n		
27 Travel and entertainment	<u>1914</u>	<u>00</u>	o		
28 Utilities and telephone	<u>600</u>	<u>00</u>	p		
32 Total deductions (add amounts in columns for lines 6 through 31p)	32	<u>5655</u>			<u>00</u>
33 Net profit or (loss) (subtract line 32 from line 5). If a profit, enter on Form 1040, line 11, and on Schedule SE, Part II, line 5a (or Form 1041, line 6). If a loss, go on to line 34	33	<u>(3413)</u>			<u>00</u>

34 If you have a loss, do you have amounts for which you are not "at risk" in this business (see Instructions)? ☐ Yes ☒ No
If you checked "No," enter the loss on Form 1040, line 11, and on Schedule SE, Part II, line 5a (or Form 1041, line 6).

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

**Schedules A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (B)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1981
07

Name(s) as shown on Form 1040

Your social security number

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See page 17 of Instructions.)

1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶	150	00
2 Medicine and drugs	309	50
3 Enter 1% of Form 1040, line 31	44	00
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero	256	50
5 Balance of insurance premiums for medical care not entered on line 1	214	00
6 Other medical and dental expenses:		
a Doctors, dentists, nurses, etc. (Deduct)	100	00
b Hospitals		
c Transportation		
d Other (itemize—include hearing aids, dentures, eyeglasses, etc.) ▶		
X-rays	158	00
Glasses - ELIZ.	48	00
Glasses - Maximo (repair)	25	00
Dental - ELIZ.	75	00
Sports Physical - ELIZ.	6	00
7 Total (add lines 4 through 6d)	881	50
8 Enter 3% of Form 1040, line 31	132	18
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero	749	32
10 Total medical and dental expenses (add lines 1 and 9). Enter here and on line 33. ▶	899	32

Taxes (See page 18 of Instructions.)

11 State and local income	250	00
12 Real estate		
13 a General sales (see sales tax tables)	58	00
b General sales on motor vehicles		
14 Personal property		
15 Other (itemize) ▶		
16 Total taxes (add lines 11 through 15). Enter here and on line 34. ▶	308	00

Interest Expense (See page 18 of Instructions.)

17 Home mortgage		
18 Credit and charge cards		
19 Other (itemize) ▶		
20 Total interest expense (add lines 17 through 19). Enter here and on line 35 ▶		

Contributions (See page 19 of Instructions.)

21 a Cash contributions (If you gave \$3,000 or more to any one organization, report those contributions on line 21b)	720	00
b Cash contributions totaling \$3,000 or more to any one organization (show to whom you gave and how much you gave) ▶		
22 Other than cash (see page 19 of Instructions for required statement)		
23 Carryover from prior years		
24 Total contributions (add lines 21a through 23). Enter here and on line 36 ▶	720	00

Casualty or Theft Loss(es) (You must attach Form 4684 if line 29 is \$1,000 or more, OR if certain other situations apply.) (See page 19 of Instructions.)

25 Loss before reimbursement		
26 Insurance or other reimbursement you received or expect to receive		
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero		
28 Enter \$100 or amount from line 27, whichever is smaller		
29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37 ▶		

Miscellaneous Deductions (See page 19 of Instructions.)

30 a Union dues		
b Tax return preparation fee		
31 Other (itemize) ▶		
Education	665	00
32 Total miscellaneous deductions (add lines 30a through 31). Enter here and on line 38 ▶		

Summary of Itemized Deductions

(See page 20 of Instructions.)

33 Total medical and dental—from line 10	899	32
34 Total taxes—from line 16	308	00
35 Total interest—from line 20		
36 Total contributions—from line 24	720	00
37 Total casualty or theft loss(es)—from line 29		
38 Total miscellaneous—from line 32	665	00
39 Add lines 33 through 38	2592	32
40 If you checked Form 1040, Filing Status box: 2 or 5, enter \$3,400 1 or 4, enter \$2,300 3, enter \$1,700	2300	00
41 Subtract line 40 from line 39. Enter here and on Form 1040, line 32b. (If line 40 is more than line 39, see the Instructions for line 41 on page 20.) ▶	292	32

Moving Expense Adjustment

▶ Attach to Form 1040.

OMB No. 1545-0062

1981

Name(s) as shown on Form 1040

MARJORIE F.

RAGONA

Your social security number

126 22 6194

- (a) What is the distance from your former residence to your new job location? 3500 miles
- (b) What is the distance from your former residence to your former job location? _____ miles
- (c) If the distance in (a) is 35 or more miles farther than the distance in (b), complete the rest of this form. If the distance is less than 35 miles, you cannot take a deduction for moving expenses. This rule does not apply to members of the armed forces.

1	Transportation expenses in moving household goods and personal effects	1	1827	60
2	Travel, meals, and lodging expenses in moving from former to new residence	2	399	00
3	Pre-move travel, meals, and lodging expenses in searching for a new residence after getting your job	3	134	00
4	Temporary living expenses in new location or area during any 30 consecutive days after getting your job	4		
5	Total. Add lines 3 and 4	5	134	00
6	Enter the smaller of line 5 or \$1,500 (\$750 if married filing a separate return and you lived with your spouse who also started work during the tax year)	6	134	00
7	Expenses for: (Check only one box) (a) ☐ sale or exchange of your former residence; or, (b) ☐ if renting, settlement of unexpired lease on your former residence	7		
8	Expenses for: (Check only one box) (a) ☐ buying a new residence; or, (b) ☒ if renting, getting a lease on a new residence	8	780	00
9	Total. Add lines 6, 7, and 8	9	914	00
10	Enter the smaller of line 9 or \$3,000 (\$1,500 if married, filing a separate return, and you lived with your spouse who also started work during the tax year)	10	914	00
11	Total moving expenses. Add lines 1, 2, and 10	11	3140	60
12	Reimbursements and allowances received for this move. Do not report amounts included on your Form W-2	12	1000	00
13	If line 12 is less than line 11, enter the difference here and on Form 1040, line 22	13	2140	60
14	If line 12 is larger than line 11, enter the difference here and on Form 1040, line 20, as "Excess moving reimbursement"	14		

General Instructions

Paperwork Reduction Act Notice.—The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

A. Who May Deduct Moving Expenses.—If you moved your residence because of a change in the location of your job, you may be able to deduct your moving expenses. You may qualify for a deduction whether you are self-employed or an employee. But you must meet certain tests of distance and time, explained below. If you need more information, please get Publication 521, Moving Expenses.

Note: If you are a U.S. citizen or resident who moved to a new principal work place outside the United States or its possessions, get Form 3903F, Foreign Moving Expense Adjustment.

(1) **Distance Test.**—Your new job location must be at least 35 miles farther from your former residence than your old job location was. For example, if your former job was 3 miles from your former residence, your new job must be at least 38 miles from that residence. If you did not have an old job location, your new job must be at least 35 miles from your former residence. (The distance between the two points is the shortest of the commonly traveled routes between the points.)

(2) **Time Test.**—If you are an employee, you must work full time for at least 39 weeks during the 12 months right after you move. If you are self-employed, you

must work for at least 39 weeks during the first 12 months and a total of 78 weeks during the 24 months right after you move.

You may deduct your moving expenses for 1981 even if you have not met the "time" test before your 1981 return is due. You may do this if you expect to meet the 39-week test by the end of 1982 or the 78-week test by the end of 1983. If you have not met the test by then, you will have to do one of the following:

- Amend your 1981 tax return on which you deducted moving expenses. To do this, use Form 1040X, Amended U.S. Individual Income Tax Return.
- Report as income on your tax return for the year you cannot meet the test the amount you deducted on your 1981 return.

(Continued on back)

If you do not deduct your moving expenses on your 1981 return, and you later meet the time test, you may file an amended return for 1981, taking the deduction. To do this, use Form 1040X.

B. Exceptions to the Distance and Time Tests.—You do not have to meet the time test if your job ends because of death, disability, transfer for the employer's benefit, or layoff or other discharge besides willful misconduct.

If you are in the armed forces, you do not have to meet the distance and time tests if the move is due to a permanent change of station. A permanent change of station includes a move in connection with and within 1 year of retirement or other termination of active duty. In figuring your moving expenses, do not deduct any moving expenses for moving services that were furnished by the military or that were reimbursed to you and that you did not include in income. However, you may deduct any unreimbursed moving expenses you have subject to the dollar limits. Also, treat each move for yourself or your spouse or your dependents to or from separate locations as a single move.

C. Moving Expenses in General.—You can deduct most but not all of your moving expenses.

Examples of expenses you CAN deduct are:

- Travel, meal, and lodging expenses during the move to the new residence.
- Temporary living expenses in the new location.
- Pre-move travel expenses.

Examples of expenses you CANNOT deduct are:

- Loss on the sale of your house.
- Mortgage penalties.
- Cost of refitting carpets and draperies.
- Losses on quitting club memberships.

The line-by-line instructions below explain how to figure the expenses you can deduct. The items listed must be the reasonable amounts you spent for the move. The expenses apply only to your family and dependent household members. They do not apply to employees such as a servant, governess, or nurse.

Line-by-Line Instructions

To see whether you meet the "distance" test, fill in the number of miles for questions (a) and (b) at the top of the form. If you meet the test in (c), continue with the items that follow.

Line 1, Household Goods and Personal Effects.—In figuring this amount, include the actual cost of packing, crating, moving, storing in transit, and insuring your household goods and personal effects.

Line 2, Travel Expenses.—Figure in this amount the costs of travel from your old residence to your new residence. These include transportation, meals, and lodging on the way, including costs for the day you arrive. You may take this travel deduction for only one trip. However, all the members of your household do not have to travel together and at the same time. If you use your own car, you may figure the expenses in either of two ways:

(a) Actual out-of-pocket expenses for gasoline, oil, and repairs. (Keep records to verify the amounts.)

(b) At the rate of 9 cents a mile. (Attach a sheet of paper showing your figures to verify mileage.)

Line 3, Pre-move Expenses.—Include in this amount the costs of travel before you move in order to look for a new residence. You may deduct the costs only if the following apply:

(a) If you began the house-hunting trip after you got the job;

(b) And if you returned to your old residence after looking for a new one;

(c) And if you traveled to the general location of the new work place primarily to look for a new residence.

Your deduction for pre-move travel is not limited to any number of trips by you or your household members. Your house-hunting does not have to be successful to qualify for this deduction. If you used your own car, figure transportation costs the same way as in the instructions for line 2. If you are self-employed, you can deduct these house-hunting costs only if you had already made substantial arrangements to begin work in the new location.

Line 4, Temporary Living Expenses.—Include in this amount the costs of meals and lodging while occupying temporary quarters in the area of your new place of work. You may include these costs for any period of 30 consecutive days after you get the job. If you are self-employed, you can count these temporary living expenses only if you had already made substantial arrangements to begin work in the new location.

Line 5, Total.—Add the amounts in lines 3 and 4.

Line 6.—Enter either the amount on line 5 or \$1,500, whichever is smaller. (If you are married filing a separate return and you lived with your spouse who also started work during the tax year, enter either the amount on line 5 or \$750, whichever is smaller.)

Lines 7 and 8, Expenses for the Sale, Purchase, or Lease of a Residence.—You may include in these amounts some costs when you sell or buy a residence and when you settle or get a lease. Examples are:

- Sales commissions.
- Advertising costs.
- Attorney's fees.
- Title and escrow fees.
- State transfer taxes.
- Costs to settle an unexpired lease or buy a new lease.

Examples of expenses you CANNOT include are:

- Costs to improve the residence to help it sell.
- Charges for payment or prepayment of interest.
- Payments or prepayments of rent.

Check the appropriate box (a) or (b) for line 7 and for line 8 when you enter the amounts for these two lines.

Line 9, Total.—Add lines 6, 7, and 8.

Line 10.—Enter either the amount on line 9 or \$3,000, whichever is smaller. (If you are married filing a separate return and you lived with your spouse who also started working during the tax year, enter either the amount on line 9 or \$1,500, whichever is smaller.)

Line 11, Total Moving Expenses.—Add lines 1, 2, and 10.

Line 12, Reimbursements and Allowances.—Include all reimbursements and allowances for moving expenses in income. In general, Form W-2 includes such reimbursements and allowances. However, check with your employer if you are in doubt. Your employer is required to give you a statement showing a detailed breakdown of reimbursements or payments of moving expenses. Form 4782, Employee Moving Expense Information, may be used for this purpose. Use line 12 for reporting reimbursements and allowances if they are not included elsewhere on Form 1040 or related schedules.

Line 13.—If line 12 is less than line 11, subtract line 12 from line 11. Enter the result here and on Form 1040, line 22.

Line 14.—If line 12 is more than line 11, subtract line 11 from line 12. Enter the result here and on Form 1040, line 20. Next to the amount, write "Excess moving reimbursement."

Double Benefits.—You cannot take double benefits. For example, you cannot use the moving expense on line 7 that became part of your moving expense deduction to lower the amount of gain on the sale of your old residence. You also cannot use the moving expense on line 8 that became part of your moving expense deduction to add to the cost of your new residence. (See Form 2119, Sale or Exchange of Principal Residence, to figure the gain to report on the old residence and the adjusted cost of the new one.)

Dollar Limitations.—Lines 1 and 2 (costs of moving household goods and costs of travel to your new residence) are not limited to any amount. All the other costs (lines 3, 4, 7, and 8) together cannot be more than \$3,000. In addition, line 3 (house-hunting trip costs) and line 4 (temporary living costs) together cannot be more than \$1,500. These are overall per-move limits.

There are some special cases:

(a) Both you and your spouse began work at new work places and shared the same new residence: You must consider this as one move rather than two if you shared the same new residence at the end of 1981. If you file separate returns, costs for lines 3, 4, 7, and 8 are limited to \$1,500 per move for each of you. Costs of house-hunting and temporary living expenses (lines 3 and 4) are limited to \$750 for each of you.

(b) Both you and your spouse began work at new work places but you moved to separate new residences: Report moving expenses separately. If you file separate returns, each of you is limited to \$3,000 for lines 3, 4, 7, and 8; and to \$1,500 for lines 3 and 4. If you file a joint return, the limits are \$6,000 for lines 3, 4, 7, and 8; and \$3,000 for lines 3 and 4.

Qualified Retired Person or Survivors Living Outside the United States.—There are special rules for moving expenses to a U.S. residence for qualified retired people or survivors. If you meet the requirements below, treat your moving expenses as if you incurred them because of a move to a new principal work place located in the United States.

Use this form instead of Form 3903F, Foreign Moving Expense Adjustment. You do not have to meet the time test, discussed in instruction A, but you are subject to the dollar limitations and distance test that apply to moves within the United States (contained in this form).

Retired People.—You may be able to claim moving expenses if both your former principal work place and your former residence were outside the United States. This deduction is for moving expenses to a new U.S. residence in connection with your actual retirement.

Survivors.—If you are the spouse or dependent of a deceased person whose principal work place at the time of death was outside the United States, you may be able to claim some moving expenses. You must meet the following requirements:

- The moving expenses are for a move which begins within 6 months after the death of the decedent.
- The move is to a U.S. residence from a former residence outside the United States.
- At the time of death, the decedent and you shared your former residence.

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

1981

(0)

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial) MARJORIE F.	Last name RAGONA	Your social security number 136 22 6194
	Present home address (Number and street, including apartment number, or rural route) 223 Highland Ave.		Spouse's social security no.
	City, town or post office, State and ZIP code Somerville, MA 02143	Your occupation CLERGY	
		Spouse's occupation	

Presidential Election Campaign	Do you want \$1 to go to this fund?	Yes ☐	No ☒	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund?	Yes ☐	No ☐	

Filing Status

Check only one box.

1	☐ Single	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
2	☐ Married filing joint return (even if only one had income)	
3	☐ Married filing separate return. Enter spouse's social security no. above and full name here ▶	
4	☒ Head of household (with qualifying person). (See page 6 of Instructions.) If he or she is your unmarried child, enter child's name ▶ ELIZABETH	
5	☐ Qualifying widow(er) with dependent child (Year spouse died ▶ 19). (See page 6 of Instructions.)	

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply.

6a	☒ Yourself	☐ 65 or over	☐ Blind	Enter number of boxes checked on 6a and b ▶ 1		
b	☐ Spouse	☐ 65 or over	☐ Blind			
c First names of your dependent children who lived with you ▶ ELIZABETH				Enter number of children listed on 6c ▶ 1		
d Other dependents:		(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents Add numbers entered in boxes above ▶ 2
e Total number of exemptions claimed						

Income

Please attach Copy B of your Forms W-2 here.

If you do not have a W-2, see page 5 of Instructions.

Please attach check or money order here.

7	Wages, salaries, tips, etc. (attach Schedule B if over \$400 or you have any All-Savers interest)	8a		7	9,959	18
8a	Interest income	8b				
b	Dividends (attach Schedule B if over \$400)	8c				
c	Total. Add lines 8a and 8b	8d				
d	Exclusion (See page 9 of Instructions)					
e	Subtract line 8d from line 8c (but not less than zero)			8e		
9	Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see page 9 of Instructions)			9		
10	Alimony received			10		
11	Business income or (loss) (attach Schedule C)			11	(3413)	00
12	Capital gain or (loss) (attach Schedule D)			12		
13	40% of capital gain distributions not reported on line 12 (See page 9 of Instructions)			13		
14	Supplemental gains or (losses) (attach Form 4797)			14		
15	Fully taxable pensions and annuities not reported on line 16			15		
16a	Other pensions and annuities. Total received	16a				
b	Taxable amount, if any, from worksheet on page 10 of Instructions			16b		
17	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)			17		
18	Farm income or (loss) (attach Schedule F)			18		
19a	Unemployment compensation (insurance). Total received	19a				
b	Taxable amount, if any, from worksheet on page 10 of Instructions			19b		
20	Other income (state nature and source—see page 11 of Instructions) ▶			20		
21	Total income. Add amounts in column for lines 7 through 20			21	6546	00

Adjustments to Income

(See Instructions on page 11)

22	Moving expense (attach Form 3903 or 3903F)	22	2140	60	
23	Employee business expenses (attach Form 2106)	23			
24	Payments to an IRA (enter code from page 11)	24			
25	Payments to a Keogh (H.R. 10) retirement plan	25			
26	Interest penalty on early withdrawal of savings	26			
27	Alimony paid	27			
28	Disability income exclusion (attach Form 2440)	28			
29	Other adjustments—see page 12 ▶	29			
30	Total adjustments. Add lines 22 through 29	30			

Adjusted Gross Income

31	Adjusted gross income. Subtract line 30 from line 21. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on page 15 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions	31	4406	40
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Tax Computation

(See Instructions on page 12)

- 32a Amount from line 31 (adjusted gross income) 32a 4406 46
- 32b If you do not itemize deductions, enter zero 32b 292 32
- If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41
- Caution:** If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see page 12 of the Instructions. Also see page 12 of the Instructions if:
- You are married filing a separate return and your spouse itemizes deductions, OR
 - You file Form 4563, OR
 - You are a dual-status alien.
- 32c Subtract line 32b from line 32a 32c 4114 46
- 33 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e 33 2000 00
- 34 Taxable Income. Subtract line 33 from line 32c 34 2114 46
- 35 Tax. Enter tax here and check if from ☐ Tax Table, ☐ Tax Rate Schedule X, Y, or Z, ☐ Schedule D, ☐ Schedule G, or ☐ Form 4726 35 0
- 36 Additional Taxes. (See page 13 of Instructions.) Enter here and check if from ☐ Form 4970, ☐ Form 4972, ☐ Form 5544, or ☐ Section 72(m)(5) penalty tax 36 0
- 37 Total. Add lines 35 and 36 37 0

Credits

(See Instructions on page 13)

- 38 Credit for contributions to candidates for public office 38
- 39 Credit for the elderly (attach Schedules R&RP) 39
- 40 Credit for child and dependent care expenses (attach Form 2441) 40
- 41 Investment credit (attach Form 3468) 41
- 42 Foreign tax credit (attach Form 1116) 42
- 43 Work incentive (WIN) credit (attach Form 4874) 43
- 44 Jobs credit (attach Form 5884) 44
- 45 Residential energy credit (attach Form 5695) 45
- 46 Total credits. Add lines 38 through 45 46
- 47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero) 47

Other Taxes

(Including Advance EIC Payments)

- 48 Self-employment tax (attach Schedule SE) 48
- 49a Minimum tax. Attach Form 4625 and check here ☐ 49a
- 49b Alternative minimum tax. Attach Form 6251 and check here ☐ 49b
- 50 Tax from recomputing prior-year investment credit (attach Form 4255) 50
- 51a Social security (FICA) tax on tip income not reported to employer (attach Form 4137) 51a
- 51b Uncollected employee FICA and RRTA tax on tips (from Form W-2) 51b
- 52 Tax on an IRA (attach Form 5329) 52
- 53 Advance earned income credit (EIC) payments received (from Form W-2) 53
- 54 Total tax. Add lines 47 through 53 54 0

06**Payments**

Attach Forms W-2, W-2G, and W-2P to front.

- 55 Total Federal income tax withheld 55 1134 97
- 56 1981 estimated tax payments and amount applied from 1980 return 56
- 57 Earned income credit. If line 32a is under \$10,000, see page 15 of Instructions 57 434 00
- 58 Amount paid with Form 4868 58
- 59 Excess FICA and RRTA tax withheld (two or more employers) 59
- 60 Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T) 60
- 61 Registered Investment Company credit (attach Form 2439) 61
- 62 Total. Add lines 55 through 61 62 1568 97

Refund or Balance Due

- 63 If line 62 is larger than line 54, enter amount OVERPAID 63 1568 97
- 64 Amount of line 63 to be REFUNDED TO YOU 64 1568 97
- 65 Amount of line 63 to be applied to your 1982 estimated tax 65
- 66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1981 Form 1040" on it. (Check ☐ if Form 2210 (2210F) is attached. See page 16 of Instructions.) ▶ \$ 66

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's signature *Marjorie F. Ragosa* Date *3/20/82*

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Paid Preparer's Use Only

Preparer's signature ☐ Date ☐ Check if self-employed ☐ Preparer's social security no. ☐

Firm's name (or yours, if self-employed) and address ☐ E.I. No. ☐ ZIP code ☐